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ABSTRACT

A study assessed the pilot phase of a program called New Chance, which offers intensive, comprehensive, long-term services to young mothers, 17 to 21 years old, all of whom are poor and most of whom are welfare recipients and high school dropouts. Program services, which center on education, occupational skills training, parenting and health education, child care, and counseling, aim at improving the effectiveness of participants both as wage earners and as parents. The New Chance pilot phase was conducted from January 1986 to September 1988. During this time, the program model was developed and implemented at six sites across the country. Descriptions of the services of the six sites showed some success in treating clients with difficult problems. Eight lessons were drawn from the project: (1) making services available is not enough--they must be exciting and address participants' needs; (2) integrated services are more effective; (3) intensive staff training and technical assistance are needed; (4) techniques for maintaining a sense of momentum should be built into the program model; (5) sites should set attendance and lateness policies early; (6) stipends and incentives are important to many participants; (7) child care is a critical program service; and (8) optimum program development requires thought and planning facilitated by stable funding. (KC)

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NEW CHANCE:

LESSONS FROM THE PILOT PHASE

JANET C. QUINT
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MANPOWER DEMONSTRATION
RESEARCH CORPORATION

JANUARY 1989

MDRC

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NEW CHANCE:
LESSONS FROM THE PILOT PHASE

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CONTENTS

Page

ACKNOWLEDGEMENTS iii

LIST OF TABLES vi

LIST OF CHARTS vii

LIST OF FIGURES viii

CHAPTER

I INTRODUCTION 1

II THE SITES AND THEIR ENROLLEES 13

III NEW CHANCE ACTIVITIES AND SERVICES 32

IV ENROLLEES' EXPERIENCES IN THE PROGRAM 74

V REFLECTIONS AND CONCLUSIONS 98

APPENDIX

A NEW CHANCE ADVISORY COMMITTEE 113

B NEW CHANCE BOARD COMMITTEE 117

C NEW CHANCE PILOT SITE PROFILES 121

FOOTNOTES 139

REFERENCES 141

LIST OF TABLES

TABLE		PAGE
II.1	SELECTED CHARACTERISTICS OF NEW CHANCE ENROLLEES AT PROGRAM ENROLLMENT, BY SITE (ENROLLEES THROUGH APRIL 1988)..................	27
IV.1	PARTICIPATION AND ATTENDANCE RATES, BY SITE (ENROLLEES THROUGH APRIL 1988)..................	76
IV.2	SCHEDULED AND ACTUAL PARTICIPATION IN ACTIVITIES, BY SITE (ENROLLEES THROUGH APRIL 1988)..................	83
IV.3	TERMINATIONS WITHIN SIX MONTHS AFTER PROGRAM ENTRY, BY SITE (ENROLLEES THROUGH APRIL 1988)..................	89
IV.4	PRELIMINARY OUTCOMES FOR ENROLLEES WITHIN SIX MONTHS AFTER PROGRAM ENTRY, BY SITE (ENROLLEES THROUGH OCTOBER 1987)................	92

LIST OF CHARTS

CHART		PAGE
I.1	KEY FEATURES OF THE NEW CHANCE PILOT PHASE......	3
II.1	CHARACTERISTICS OF PROGRAM SITES................	14
III.1	REGULARLY SCHEDULED CLASSES AND WORKSHOPS: SERVICE DELIVERY PROFILE, BY SERVICE AND SITE...	44
III.2	WORK INTERNSHIP COMPONENT, BY SITE..............	53
III.3	PROGRAM CHILDCARE SERVICES......................	67

LIST OF FIGURES

FIGURE PAGE

III.1 MODELS OF THE NEW CHANCE SEQUENCE OF ACTIVITIES AND FOLLOW-UP SERVICES, BY SITE................ 35

NEW CHANCE:
LESSONS FROM THE PILOT PHASE

I. INTRODUCTION

This report assesses the pilot phase of a new initiative developed by the Manpower Demonstration Research Corporation (MDRC), known as New Chance. New Chance addresses one of the key policy issues facing the nation: how best to respond to the needs of disadvantaged young mothers and their children, and thereby forestall the perpetuation of intergenerational poverty and dependency. Despite widespread acknowledgement of the serious consequences and high public and personal costs of teenage childbearing, little is known about which techniques are most effective in helping young mothers escape the welfare rolls, enter the labor force, and become competent as well as loving parents. New Chance was designed to help fill this gap in both programming and knowledge.

The program offers intensive, comprehensive, long-term services to young mothers, 17 to 21 years old, all of whom are poor and most of whom are AFDC recipients and high school dropouts. The New Chance target population thereby encompasses the three principal groups toward which MDRC's efforts have been directed during the organization's 14-year history of designing, managing, and evaluating programs for the disadvantaged: welfare recipients, young mothers, and out-of-school youth.

Program services, which center on education, occupational skills training, parenting and health education, childcare, and counseling, aim at improving the effectiveness of participants both as wage earners and as parents. Specifically, the program seeks to help participants advance their education, acquire vocational skills, find and keep jobs that offer fringe benefits and opportunities for advancement, reduce their dependence on public assistance, postpone further childbearing, become more effective parents, develop better health habits, and become better users of health care. Another program objective is to foster the social, emotional, cognitive, and physical development of participants' children.

The New Chance pilot phase lasted from January 1986 to September 1988. During the first part of the pilot phase, the program model was developed. During the second part, the model was implemented at six sites across the country in order to test its operational feasibility and to suggest ways in which it could be improved. Chart I.1 lists the pilot sites, along with other key features of the pilot phase.

Eleven funders, both public agencies and private and corporate foundations, supported MDRC's program development, technical assistance, site monitoring, and research functions and/or site operating costs, during the pilot phase. These key funders were: the AT&T Foundation, the Booth Ferris Foundation, The Ford Foundation, the William T. Grant Foundation, the Honeywell Foundation, the Robert Wood Johnson Foundation, the Joyce Foundation, the Levi Strauss Foundation, the Richard K. Mellon Foundation, the U.S. Department of Health and Human Services, and the DeWitt Wallace Fund. MDRC also helped the pilot sites secure funding for program operations. For example, through MDRC's efforts, the Chicago Community Trust made a grant to the Chicago-area site, the Chase Manhattan Bank contributed to the New York program, and the Koret Foundation helped support the San Francisco site.

CHART 1.1

KEY FEATURES OF THE NEW CHANCE PILOT PHASE

Goals of the Program

- Educational Advancement
- Acquisition of Vocational Skills
- Increased Employment
- Reduced Welfare Dependency
- Postponement of Subsequent Pregnancies
- Effective Parenting
- Improved Health Habits and Health Care Use
- Better Outcomes for Participants' Children

Program Sites

- Aunt Martha's Youth Service Center: Park Forest (Chicago-Area), IL
- Urban Affairs Corporation: Houston, TX
- New York City Technical College: New York, NY
- Chicanos Por La Causa: Phoenix, AZ
- Pittsburgh in Partnership with Parents: Pittsburgh, PA
- San Francisco Renaissance: San Francisco, CA

Target Group

- Young Mothers
- 17-21 Years Old
- Economically Disadvantaged
- Without a High School Diploma or GED
- Not Pregnant at Enrollment

Program Model Features

- Comprehensive Services in Four Areas
  - Education
    - Adult Basic Education
    - GED Preparation
  - Employment
    - Employability Development
    - Career Exploration
    - Work Internship
    - Skills Training
  - Health and Personal Development
    - Parenting Education
    - Life Management Training
    - Individual and Group Counseling
  - Services to Participants' Children
    - Child Care
- On-Site Service Provision
- Intensive Treatment
- Lengthy Treatment

The recognition that, as documented below, teenage childbearing has costly consequences for the teen and for society has led to substantial policy interest at the federal and state level in targeting services to this group. But policymakers and program operators lack definitive evidence about the effectiveness of initiatives for this population. To supply this evidence, and to build on the encouraging experiences of the New Chance pilot sites, MDRC will expand New Chance to 15 to 20 sites and evaluate it rigorously in a multisite, multiyear demonstration involving random assignment. Planning for this demonstration is currently underway, with site selection to begin in the fall of 1988.

This report summarizes the New Chance pilot phase. It takes note of the substantial achievements of the pilot sites. It also discusses the issues they confronted and the areas in which they were less than successful, with a view toward identifying program model refinements and other strategies for resolving these problems in the larger demonstration.

In this introductory chapter we first briefly explain why an intervention is needed and then describe the elements, evolution, and rationale of the New Chance program model.

A. Adolescent Childbearing: A Problem in Search of Solutions

In 1985, over 475,000 children were born to mothers aged 19 and under in the United States. Teenage childbearing is not a new phenomenon, and the rate of births to mothers 19 and under has actually declined by almost 40 percent over the last three decades. Why, then, is concern over this issue now so intense? There are two primary reasons. First, those teenagers who are having babies today stand a good chance of being unmarried. Births to unmarried teenage mothers as a percentage of all births to teens nearly tripled, from 16.5 percent to 48.5 percent, between 1950 and 1980.

Second, policymakers have developed a heightened awareness of the many disadvantages adolescent childbearing entails. Numerous studies indicate that becoming a mother at an early age heightens the risk of educational and marital disruption and of rapid subsequent pregnancies, and that these factors frequently confine young mothers to unemployment or low-paying jobs and to poverty. Many studies also show that the children of teenage parents are at greater risk to physical, social, emotional, and academic difficulties than are children of older mothers. (A useful summary of these findings appears in Risking the Future, a 1987 report of the National Research Council.)

These consequences of early childbearing have a public as well as private cost. Over half of all AFDC expenditures go to households in which the mother was a teenager when her first child was born (Moore and Burt, 1982). Another study found that over one-third of teenage parents who begin a spell of AFDC receipt remain on the rolls for ten years or longer (Ellwood, 1986).

As these findings have reached a wider audience in recent years, programs for younger teenage mothers have proliferated. But the needs of mothers in the 17-to 21-year-old age category have largely gone unattended, although women in this group are far more likely to have children than their younger counterparts and often face similar handicaps. (In 1984, for example, almost two-thirds of births to women under the age of 20 were to 18- and 19-year-olds.) Too old for school-based programs, these young women are also unlikely to be served by the Work Incentive Program (WIN), the principal employment and training program for welfare recipients, or by programs funded under the Job Training Partnership Act (JTPA). Although welfare reform legislation pending in Congress as of this writing would make participation in welfare-to-work programs mandatory for mothers with children aged three or older and would give teenage mothers high priority for services, most state WIN programs currently require only women whose children are all aged six or older to participate. And because JTPA programs are often reimbursed based on their ability to meet placement goals, few program operators are able or willing to serve young mothers, whose low academic skills and need for support services make them poor risks for successful program completion and job-holding.

B. The New Chance Model and Its Rationale

Two approaches to increasing the self-sufficiency of young mothers are presently at the forefront of the public policy arena. One requires that they take part in education and/or welfare-to-work programs as a condition of receiving public assistance. This approach has gained currency because of its relatively low cost and because of the seeming straightforwardness of the participation mandate. However, neither the feasibility nor the effectiveness of "learnfare," "workfare," or other low-cost mandatory employment programs for this population has been established.[1]

The New Chance model follows a different approach, emphasizing comprehensive (and necessarily more costly) services and supports. While enrollees are volunteers, the program requires participants to attend regularly and to adhere to its goals.[2] The program model emerged from several sources. First was MDRC's experience in designing and managing programs for the disadvantaged. Most notable among these was Project Redirection, a program for pregnant and parenting teens aged 17 and under operated at 11 sites nationwide, which suggested the long-term value of a comprehensive approach to young mothers.[3] Second was MDRC's review of the literature on adolescent parenthood and interventions in four broad programmatic areas (comprehensive programs for teen parents, employment preparation programs for dropout youths, family planning initiatives, and child development programs). Third, we consulted with some 30 academicians and practitioners who are experts in adolescent pregnancy. Finally, an outside advisory committee and a committee of MDRC's Board of Directors provided guidance to the New Chance project throughout its pilot phase. (Members of the advisory and board committees are listed in Appendices A and B.)

Many of the elements incorporated in the New Chance model primarily reflect expert opinion rather than findings arising from rigorous program evaluations, which are few in number. But much evidence substantiates the conclusion of the model development effort (summarized in a November 1986 MDRC report entitled New Chance: Laying the Groundwork for a New Demonstration to Build Human Capital Among Low-Income Mothers) that interventions aimed at the New Chance target group should be comprehensive and of substantial duration, and that services should be delivered on-site by staff who are warm and caring and who emphasize accountability and achievement. We consider each of these aspects of service delivery in turn.

Comprehensiveness. The movement to offer coordinated, multiservice programs to teenage parents has been widely endorsed by experts in the field. Comprehensive programming grew out of the recognition that 1) the consequences of adolescent parenthood are multifaceted and that different types of services are needed to address them; and 2) adolescents are seldom mature or knowledgeable enough to assemble their own "service package" from various community agencies.

As Chart I.1 indicates, the New Chance model involves services in four key areas: education, employment, health and personal development, and services to participants' children. Services in the first two of these areas aim at enhancing the human capital of participants and thereby increasing their employment and reducing welfare dependency. The educational deficiencies of enrollees are addressed as quickly as possible after program entry through instruction in basic academic skills (known as Adult Basic Education, or ABE) and in preparation for the General Educational Development (GED) test. Employment-related components are designed sequentially so that enrollees (many of whom lack appropriate role models and the skills needed to get and keep jobs) first participate in activities aimed at increasing their familiarity with job and career options as well as with the work habits and other behaviors employers demand. Next, they can try out the kinds of jobs that interest them and practice work skills in short-term work experience positions (often referred to as "internships"). Finally, they enroll in vocational training courses to learn the skills specific to their chosen fields of interest.

The model calls for the young women to participate throughout their program tenure in activities designed to enhance their own health and personal and social development as well as that of their children. Because the ability to limit family size is so critical to the achievement of program goals, there is a strong emphasis on increasing participants' familiarity with and motivation to use contraception. Enrollees receive instruction in health care for themselves and their children, including information about immunization, good eating habits, fitness, childhood illnesses, and the prevention of AIDS and substance abuse. Parenting instruction covers not only the physical needs of children but also techniques of providing cognitive stimulation and fostering social and emotional growth. Life management workshops on topics such as decision-making, assertiveness, budgeting, time management, and use of community resources aim at enabling participants to cope more effectively with the complex demands of adult life.

It is widely recognized that access to affordable childcare is essential in enabling women to work. All New Chance participants receive assistance in securing reliable care, preferably provided by the New Chance sponsor on (or near) the program site. If on-site care is not feasible, program sponsors help the women to find other childcare providers. In either case, the emphasis is on care that addresses the children's developmental needs.

Although not formally included in the program model, program sponsors are also urged to enlist the support of participants' partners, parents, and other significant figures in the teens' lives and to offer them counseling and referral to services when appropriate.

Binding all these components together is careful case management, in which a skilled professional provides counseling, guidance, support and advocacy throughout each participant's tenure in the program. This is especially critical given the diversity and individualization of New Chance services. Case managers have overall responsibility for ensuring that necessary and appropriate levels of services are provided, that their quality is adequate, and that each participant is making progress toward attainable objectives.

Duration. The consensus among those in the youth employment field is that longer-term programs have substantially more potential for yielding lasting effects than shorter ones. There is also agreement that the absence of supportive services following participation is a serious shortcoming in existing employment programs for the disadvantaged.

New Chance is therefore designed as a long-term intervention that includes both in-program and post-program services. The program is divided into two phases:

- In-program services can last up to 18 months and end when the participant completes training and is placed in an unsubsidized job or in a more advanced level of skills training or education.
- Post-program services can last for six to 12 months after job placement or entry into advanced training or education. These services may include counseling and additional assistance in locating jobs, childcare, or referrals for services. A major emphasis during the follow-up period is on helping those who are working adjust to their jobs and cope with the stresses of balancing work and family demands.

On-Site Service Provision. Except for classroom skills training, New Chance services are generally provided at one location, although often by personnel from other agencies. This "one-stop shopping" approach is intended to relieve young mothers of the burden of seeking needed services from many different agencies and to facilitate development of a group ethos. It also reduces the time that case managers would otherwise spend "brokering" services, enabling them instead to devote more time to counseling and other direct services.

A Supportive but Demanding Environment. As suggested above, a crucial element of the approach is a nurturing and supportive staff and program environment. The program seeks to create an atmosphere in which students feel comfortable and accepted, where there is considerable individual attention, and where achieving attainable goals is emphasized. For this reason, programs are relatively small-scale, with case manager-client ratios planned to allow for effective counseling and supervision.

At the same time, the program asks much of participants. Staff stress the goal of self-sufficiency and expect participants to adopt behaviors that will help realize this objective. Accordingly, enrollees are expected to sustain a high level of involvement and commitment and to attend classes and workshops for five to six hours a day, four days a week. (This schedule was chosen to simulate and accustom enrollees to the conditions of the workplace, while also allowing them time for the other demands they face as young mothers.) Participants are also expected to avoid pregnancy while enrolled so that they can take maximum advantage of program opportunities.

C. Data Sources and Organization of This Report

This report is based on both quantitative and qualitative data collected in a variety of ways. There were two principal sources of quantitative data. A management information system (MIS) provided statistics on the demographic and socioeconomic characteristics of New Chance enrollees, the extent of their participation in program activities, changes in their status as they progressed through the program, and their experiences in finding jobs after leaving the program. Site directors' reports provided information on the nature, frequency, and number of participants attending various group activities, along with directors' comments on salient implementation issues.

The report also relies on several sources of qualitative data. First, research department staff visited each of the pilot sites both early on and again toward the end of the pilot period to interview program staff and participants and to observe site activities. Operations department staff, who were responsible for monitoring implementation of the New Chance model, visited the sites regularly, producing updates on site developments and analyses of selected program areas. Finally, the report draws on MDRC documents covering the entire demonstration period.

In the remaining four chapters of this report, we focus on the experience of the pilot sites in implementing the program. Chapter II discusses the pilot sites -- the characteristics of the sponsor agencies, their staff, and the participants they recruited. Chapter III examines the ways in which program services were organized and delivered. Chapter IV assesses the extent of participation in program activities and the early outcomes registered by enrolleees. The final chapter considers some of the issues that arose in the course of operating the program and how these were addressed.

II. THE SITES AND THEIR ENROLLEES

This chapter centers on the two groups of individuals whose interaction shaped the course of the New Chance pilot phase: program staff members and the participants themselves. The chapter begins by considering the settings in which these interactions took place, discussing critical aspects of the sponsor agencies and the place of New Chance within them. It then looks at staff structure, responsibilities, and training. Finally, it turns to the participants, examining the routes by which they arrived at the program and their key demographic and socioeconomic characteristics at program entry.

A. The Pilot Sites

Key characteristics of the New Chance pilot sites are summarized in Chart II.1. In addition, a brief profile of each site appears in Appendix D.

MDRC began the site selection process in the fall of 1985. This entailed letters and telephone conversations, followed by visits to prospective sites to assess their suitability for the pilot phase.

These sites came to MDRC's attention in a number of ways. One, Chicanos Por La Causa (CPLC) in Phoenix, had been one of four agencies originally involved in Project Redirection, MDRC's earlier demonstration program for school-age mothers; CPLC had been able to continue and expand

CHART II.1

CHARACTERISTICS OF PROGRAM SITES

Site, Sponsor Agency and Program Name	Type of Organization	Characteristics of Catchment Area	Place of New Chance Within Sponsor Agency	Prior Experience Serving Teen Mothers	Staffing Pattern
Chicago-Area Aunt Martha's Youth Service Center New Chance	Multi-service community-based organization	Economically and racially mixed suburb south of Chicago	Lodged within Employment Unit, draws heavily on staff of Health Unit	Program PLUS, a parenting program for pregnant teens and young mothers, began in 1984.	Full-time: project coordinator/counselor Part-time: administrator, teachers, 2 counselors, job developer
Houston Urban Affiars Corporation New Chance	Multi-service community-based organization	Economically depressed, geographically isolated black area	Operates in conjunction with a major agency program for young mothers, Project TEAM	Project TEAM began in 1985.	Full-time: one New Chance counselor/coordinator Part-time: involvement of Project TEAM staff director, 3 counselors, job developer
New York New York City Technical College Expanding Options	Four-year college	City-wide; most participants live in Brooklyn, where college is located	Operates within College's Continuing Education Division	The program began in 1984.	Full-time: project director, 2 counselors, 1 job developer Part-time: basic skills instructor, academic tutor, vocational training assistant
Phoenix Chicanos por la Causa New Chance	Multi-service community-based organization	Largely Chicano area	Operates in conjunction with a larger agency program for young mothers, Via de Amistad	Via de Amistad, started in 1980, was one of the original sites operating Project Redirection, an MDRC demonstration for teenage mothers.	Full-time: one counselor Part-time: program director, clerical skills training instructor, counselor/instructor, 8 child care workers, counselor/child care supervisor

(continued)

CHART II.1 (continued)

Site, Sponsor Agency and Program Name	Type of Organization	Characteristics of Catchment Area	Place of New Chance Within Sponsor Agency	Prior Experience Serving Teen Mothers	Staffing Pattern
Pittsburgh Hill House Association Pittsburgh in Partnership with Parents	Community-based organization working with an interagency consortium	Most teens come from an ecomically depressed black area, "the Hill"	Operates as separate program	As a consortium, it began serving young mothers in 1986.	Full-time: project director; 3 counselors/career specialists; community outreach coordinator
San Francisco San Francisco Renaissance Parents of Success	Community based organization geared toward business entrepreneurship	City-wide	Operates as separate program	Parents of Success began in 1986.	Full-time: project director; one counselor Part-time: one job developer, 4 counselors

that program, known as Via de Amistad, after demonstration funds expired. The Chicago-area, Houston, and New York sites were all recommended as experienced operators of programs for young parents or youth by funders, state and local officials, and other experts. Two Pittsburgh agencies, the local JTPA sponsor and a vocational school, had worked closely with MDRC in a previous MDRC demonstration program for school dropouts. They sought MDRC's assistance in developing a new program for young mothers that was to become New Chance.

The San Francisco program, like the one in Pittsburgh, had just been implemented when MDRC began selecting pilot-phase sites. San Francisco was also the only site where serving young mothers represented a change of organizational purpose and focus. The then director of the sponsor agency campaigned vigorously to be included in the pilot phase; he viewed this as a way of broadening the organization's traditional emphasis on employment and entrepreneurship to include more social service activities and to serve a more disadvantaged population.

In selecting sites, MDRC sought and achieved geographic diversity, with two sites located in the Northeast (Pittsburgh and New York), one in the Midwest (the Chicago-area site in Park Forest, Illinois), one in the South (Houston), and two in the West (Phoenix and San Francisco). It also looked for ethnic diversity in the clienteles served. Thus, two agencies (Houston and Pittsburgh) served catchment areas with almost exclusively black residents, while one (Phoenix) served a large Mexican-American population; the remaining three agencies drew a wider mix of clients. All the agencies were located in urban areas except for the one situated in an unusually heterogeneous suburban area south of Chicago.

Different kinds of organizations were also chosen. Three of the sponsor agencies were established community-based organizations offering a range of services (such as child care, substance abuse counseling, and health care) in addition to their programs for young mothers. The San Francisco site was, as noted above, a non-profit organization focused primarily on employment. The New York program operated within the Continuing Education division of a technical college within the City University system and thus afforded the opportunity to test the capacity of a college to operate the New Chance model. Because of resource constraints, the duration of the New York site's in-program phase was confined to a single five-month semester, and hopes that this could be extended to conform more closely to the New Chance model and to the other sites were not borne out. On the other hand, the New York site was of particular interest because, alone among the pilot sites, it trained enrollees for jobs in construction and building maintenance, high-paying but nontraditional areas of employment for women.

The Pittsburgh program was unique in a different respect: It represented a consortium of agencies, each contributing personnel and funds to the effort. These agencies initially came together under the leadership of the Allegheny Conference on Community Development and the Pittsburgh Foundation to respond to a Request for Proposals for programs serving young mothers that had been issued by the state JTPA agency, and included: the local JTPA agency; a community-based organization which managed and housed the program and a daycare center as well as paid the salaries of key full-time staff; the Urban League, which conducted a three-week motivational training for enrollees; a vocational training center operated by the Pittsburgh Board of Education; the University of Pittsburgh's Institute for the Black Family, which trained daycare staff in a special early childhood education curriculum it had developed; the Department of City Planning and the Pittsburgh Housing Authority, which provided Section 8 housing certificates to program graduates; the YWCA, which offered recreational services and drivers' education classes; and many other public and private organizations that provided additional services.

Another important criterion for site selection was experience in serving young mothers and/or operating youth employment programs. MDRC reasoned that the New Chance model would be too complex for most agencies to implement successfully within the relatively brief time allotted to the pilot phase unless a number of program elements were already in place. While the Pittsburgh program was new, the constituent agencies had experience in delivering the requisite services; here, the challenge was to bring these services together in a coordinated fashion. The San Francisco site was also inexperienced but proposed to work closely with the Teenage Pregnancy and Parenting Program (TAPP), a well-established private non-profit organization sponsored by public and private sources that offered counseling and case management to young parents and parents-to-be.

At two sites, Houston and Phoenix, New Chance operated in conjunction with larger, previously-established programs for young mothers. In Houston, New Chance enrollees were recruited primarily from enrollees in Project TEAM, a much larger program for both pregnant and parenting teens of all ages. While the young women in both Houston programs attended most classes in common, New Chance emphasized deferral of pregnancy in pursuit of employment objectives; in addition, the smaller size of New Chance made for a special sense of group identity and closer contact with the New Chance counselor than most teens in Project TEAM enjoyed. In Phoenix, a number of New Chance participants came from the agency's Via de Amistad program; like their Houston counterparts, they attended most classes with enrollees in the larger program but also received additional services specific to New Chance and had their own counselor.

While the Chicago-area site had previously served young mothers, it had done so in a program operated under its Health Division, known as Program PLUS, which had stressed parenting education and self-development but placed little emphasis on preparation for employment. In contrast, the agency's employability development and job training activities had been largely geared toward young men. New Chance was an opportunity to unite these disparate foci, by offering employment-related activities to the young mothers. This also posed a challenge from the standpoint of organizational structure, since it called for close cooperation between staff of the agency's Employment and Health divisions.

Although all the programs stressed service provision, only two had developed a distinctive ethos or philosophy prior to the inception of New Chance, and this held true during the pilot phase as well. Consistent with the program's emphasis on employment in nontraditional occupations, staff at the New York site explicitly articulated a feminist outlook emphasizing empowerment as women, and particularly as women of color. This perspective was reinforced in all program components; for example, in life management workshops, students talked about how to deal with sexual harassment on the job, and in the GED class they read The Color Purple. In Pittsburgh, the program philosophy was less systematic, but it emphasized dealing with the young mother not as an isolated individual but in terms of her relationships with significant others, including mother, child, and partner. This intergenerational focus was reflected in several aspects of program operations: participants' mothers were initially expected to attend orientation sessions and other components (although this requirement was modified when it proved unrealistic), all participants were required to enroll their children in program-sponsored developmental daycare centers, and Pittsburgh was the only site funded to serve the male partners of program enrollees. All these developments are discussed in the following chapter.

Despite these agencies' qualifications and experience, New Chance represented a more comprehensive and/or longer-term program than they were currently operating. Implementation of the New Chance model required ongoing efforts on the part of determined and innovative local staff, supported by intensive technical assistance made available through MDRC. Each of the sites struggled with the complexities of introducing new activities, extending and intensifying existing services, and coordinating with providers of additional services. As a result, throughout the pilot local service strategies were progressively adapted in areas such as the sequence and timeframe of program activities, or the staffing structure, or the ways in which standards for participants were communicated or enforced.

Operating New Chance also required an infusion of resources. All the sites were able to secure JTPA funds that supported a variety of program activities. Two programs had funding from the state welfare agency. All the sites also received grants from foundations. In addition, as noted below, they were able to work out arrangements whereby they received in-kind services from other agencies and organizations concerned with the disadvantaged.

However, as is frequently the case with community-based organizations, funding instability was a problem at all except the Chicago-area site. The delay in securing operating monies held up implementation of the Phoenix program for several months. Both the New York and Pittsburgh sites ran into periodic difficulties with their JTPA funders; MDRC's intervention helped to resolve these interagency disagreements. In San Francisco and Houston, the situation was more serious. The San Francisco program sponsor experienced a funding shortfall, and in the spring of 1988, its board of directors decided to redirect the agency's resources to its traditional function of assisting entrepreneurial activity and to cease its involvement with New Chance. Around the same time, the Texas welfare agency, which had been the Houston site's principal funding source, decided to end its support. As of the writing of this report, the New Chance program director in San Francisco was trying to continue the program under different auspices, while in Houston, New Chance and Project TEAM, the agency's larger program for teen mothers, both closed.

B. Site Staff

Given the comprehensiveness of the New Chance model, sites needed a number of staff members to implement the program. Because, for the most part, New Chance built on existing programs for teen parents, the sites had to add only incrementally to their staff complements, primarily in the area of counseling and case management for New Chance participants.

The last column of Chart II.1 shows the staffing pattern at each site.

Four positions were especially important to successful implementation and existed at all the pilot sites -- project director, counselor/case manager, employability specialist, and academic instructor -- although, as noted below, they were not necessarily funded directly through New Chance, and not all staff members worked full-time with New Chance enrollees.

- o Project Director: Project directors at the pilot sites were responsible for coordinating all aspects of the New Chance program. This involved them in a multitude of tasks, including: hiring, supervision, and evaluation of program staff; acting as liaisons to outside agencies, funders, and the community at large; fundraising; program evaluation and report-writing; fiscal management; and ongoing program development. In addition, project directors at all the sites interacted with the clients and generally were well acquainted with their life circumstances. At most sites they helped recruit participants for the program, and at half, they held such responsibilities as counseling or running group sessions.

- o Counselor/Case Manager: Each of the program sites had at least one counselor/case manager. These staff members functioned primarily as counselors, since most New Chance services were delivered at the site and did not have to be arranged from outside agencies. The responsibilities of the counselors/case managers included outreach, recruitment, intake, assessment, and the formulation of treatment and employability development plans for new enrollees, as well as counseling of those already enrolled. Counselors generally operated within the New Chance case management guidelines. These called for low caseloads -- between 10 and 35 clients, depending on the case manager's other responsibilities -- in order to foster close-knit relationships between staff and participants, and for individual counseling sessions at least biweekly. Other responsibilities included making appropriate referrals, monitoring receipt of services, and advocating for participants vis-a-vis welfare and other agencies. The counselors/case managers facilitated group sessions, and some ran follow-up activities for participants who had graduated from the program.

- o Employability Specialist: Employability specialists were primarily responsible for placing participants first into work internships and then into regular, unsubsidized employment. To accomplish this, they performed a variety of tasks to prepare participants for the workplace and to assist them in finding jobs. First, they assessed participants' vocational interests and skills in order to make appropriate placements; at two sites, they also participated in designing and implementing career exposure and employability development activities. They then located job openings for participants by establishing contacts with employers and setting up

job interviews. After participants found employment, the employability specialists generally monitored the placements and helped resolve worksite difficulties. Finally, employability specialists at some sites assisted participants in deciding on and applying for further education and training.

- **Academic Instructor: Academic instructors were primarily responsible for teaching General Educational Development (GED) and Adult Basic Education (ABE) classes. At some sites, they also performed related tasks, such as recruiting and training tutors, conducting educational testing and assessment, developing curricula, and arranging for participants to take the GED examination.**

Depending on their priorities and resources, sites also hired other staff members. For example, the New York site employed a vocational skills trainer to teach carpentry and electrical skills, and the Pittsburgh site hired a male staff member to work with young men.

Staff were welcoming and caring toward participants, and staff-participant relationships were commonly seen in terms of family relationships. In Phoenix, for example, the project director was referred to as a second mother to the New Chance participants, and a grandmother to their babies. In San Francisco, participants thought of the female project director as the "strict mother" of the program, while the male counselor/case manager was seen as the "kindly father."

In assembling the staff complement, the programs drew on staff from both the sponsor agency and outside. The sponsor agency itself usually hired the project director, employability specialist, and counselors, and sometimes other staff as well. Other staff were generally provided through an agreement with an outside agency. For example, in Pittsburgh, the site contracted with the YWCA to provide a driver education instructor as well as a career development educator. Only the Chicago-area and New York programs hired educational instructors; elsewhere, these positions were staffed by personnel from the local community college or Board of Education.

Initial delays in hiring slowed implementation at three sites. The New York and San Francisco programs each tried to bring on a counselor through a contract with an outside agency; in both cases, it took so long to reach an agreement that the sites remained understaffed for significant periods. The Phoenix site did not hire its life management skills instructor until the fourth month of operations, forcing it to scale down its offerings in this area during the early period.

Training and teamwork were both important facets of staff activity. MDRC conducted two training conferences attended by project directors and other key staff members from all sites. Training sessions covered both specific components, such as family planning, and general processes, such as instilling motivation. MDRC also provided the sites with special technical assistance in the areas of AIDS and substance abuse prevention. Special grant monies allowed experienced trainers to visit each site and help local staff develop and conduct workshops on these highly topical subjects.

Staff members communicated and cooperated frequently. Five of the six sites held a weekly staff meeting at which significant program issues and cases were discussed. At all sites, the small scale of the program fostered a good deal of informal communication among staff members, each of whom was familiar with all the teens.

As is common in community-based organizations, all the pilot sites experienced some staff turnover during the course of the pilot phase. The Houston site, for example, had to replace its New Chance case manager, the

San Francisco site replaced its job developer, and the Chicago-area site lost two of its counselors. Most significantly, the project directors at the Pittsburgh and New York sites resigned for personal reasons. While these departures posed difficulties, the sites generally responded well, hiring and training replacements quickly to avoid undue disruptions to the program.

C. The Program's Participants

Through April 1988, 264 young women enrolled in New Chance. The Chicago-area site was the first underway; because of funding delays that impeded implementation, the Phoenix site was the last. At the Pittsburgh and New York sites, enrollment took place at specific times, while at the others, young women could enter the program at any time.

The sites varied in the effort they expended on recruitment. In New York, for instance, staff members spent considerable time making presentations to various agencies and community-based agencies to find women interested in nontraditional employment. They also sent mailings to other potential sources of recruits, including the high schools and the Urban League, and posted notices about the program at welfare hotels and playgrounds. The program contracted with a Puerto Rican organization in the hope that this affiliation would assist in drawing more Hispanic women (for whom nontraditional jobs run counter to cultural norms). The Pittsburgh and San Francisco sites also launched strong recruitment efforts at various times. In contrast, the Houston and Phoenix sites drew many New Chance participants from the young women already enrolled in their teen mother programs. The Chicago-area site accepted referrals from its program for teen mothers, as well as from other programs operated by the sponsor agency.

As Table II.1 suggests, New Chance was successful in recruiting a highly disadvantaged group of young women. Across the sites, 93 percent were non-white; only the Chicago-area site enrolled a substantial proportion (27 percent) of white participants. At all sites except Phoenix, where the program sponsor was a Chicano community organization, the majority of enrollees -- about two-thirds overall -- were black. Eighty-nine percent had never married, 8 percent were living with their husbands, and in the remaining cases, the spouse was absent. The percentage of married teens was highest in Phoenix, probably reflecting the higher percentage of Hispanic young women at the site.

Across the sites, the average age of program enrollees was 18.6 years. This ranged from a low of 17.9 in Houston, where regulations imposed by the funding agency kept the proportion of older entrants small, to 19.2 in Pittsburgh. About three-quarters of the teens had one child, another 20 percent had two children, and the remaining six percent had three or more. The majority (56 percent) were no longer living in their mothers' households. Although only 18 percent lived with the father of their youngest child, an additional 40 percent received financial support from him.

Enrollees' employment experience was limited: only six percent of the enrollees were working at program entry, and exactly half had ever held a job in the past (largely in the federally sponsored summer employment program for disadvantaged young people). Across the sites, 64 percent

TABLE II.1

SELECTED CHARACTERISTICS OF NEW CHANCE ENROLLEES AT PROGRAM ENROLLMENT, BY SITE (ENROLLEES THROUGH APRIL 1988)

	Site						
Characteristic	Chicago-Area	Houston	New York	Phoenix	Pittsburgh	San Francisco	Total
Age (%)							
17 Years Old	13.5	41.2	28.0	38.2	6.0	43.1	28.1
18 Years Old	37.8	41.2	20.0	23.5	24.0	19.0	26.2
19 Years Old	18.9	8.8	20.0	11.8	38.0	13.8	19.4
20 Years Old	13.5	5.9	10.0	14.7	12.0	10.3	11.0
21 Years Old	16.2	2.9	22.0	11.8	20.0	13.8	15.2
Average Age	18.8	17.9	18.8	18.4	19.2	18.3	18.6
Ethnicity (%)							
White, Non-Hispanic	27.0	3.0	4.0	5.9	2.0	3.4	6.9
Black, Non-Hispanic	56.8	84.8	78.0	5.9	95.9	66.1	67.2
Hispanic	16.2	12.1	18.0	73.5	0.0	27.1	22.9
Other	0.0	0.0	0.0	14.7	2.0	3.4	3.1
Marital Status (%)							
Never Married	91.9	84.8	90.0	73.5	95.9	90.7	88.7
Married, Spouse Present	5.4	15.2	6.0	17.6	0.0	9.3	8.2
Married, Spouse Absent	0.0	0.0	4.0	8.8	4.1	0.0	2.7
Widowed/Divorced	2.7	0.0	0.0	0.0	0.0	0.0	0.4
Highest Grade Completed (%)							
Less Than 9th	5.4	28.2	8.0	26.4	2.0	5.1	10.7
9th	16.2	37.5	8.0	26.5	40.0	17.2	23.4
10th	18.9	12.5	24.0	26.5	34.0	34.5	26.4
11th	27.0	18.8	40.0	14.7	24.0	27.6	26.4
12th or Higher	32.4	3.1	20.0	5.9	0.0	15.5	13.0
Average Highest Grade Completed	10.7	9.1	10.6	9.3	9.8	10.3	10.0
Reading Test Score (%)							
Less Than or Equal to 5.0	0.0	9.7	6.0	17.6	4.0	28.6	11.8
5.1 - 7.0	14.7	22.6	24.0	64.7	44.9	35.7	34.6
7.1 - 9.0	41.2	67.8	40.0	17.6	24.5	21.4	33.4
9.1 - 12.0	41.2	0.0	22.0	0.0	18.4	5.4	14.5
Greater Than or Equal to 12.1	2.9	0.0	8.0	0.0	8.2	8.9	5.5
Average Reading Test Score	8.9	7.5	8.1	6.2	8.1	6.6	7.6
Number of Own Children (%)							
1	78.4	58.8	88.0	67.6	70.0	74.6	73.9
2	13.5	26.5	12.0	23.5	20.0	23.7	19.7
3+	8.1	14.7	0.0	8.8	10.0	1.7	6.4
Living With Own Mother (%)	35.1	41.2	58.0	41.2	30.0	54.2	44.3
Living With Father of Youngest Child (%)	10.8	20.6	6.0	50.0	2.1	24.1	17.6
Receiving Financial Support From Father of Child(ren) (%) (if not living with father)	33.3	33.3	32.6	47.1	56.5	38.1	40.3

(continued

TABLE II.1 (continued)

Characteristic	Site						
	Chicago-Area	Houston	New York	Phoenix	Pittsburgh	San Francisco	Total
Currently Employed (%)	2.7	14.7	0.0	0.0	2.0	13.6	5.7
Previously Employed (%)	70.3	58.8	36.0	70.6	26.5	51.7	50.0
In Household Receiving AFDC (%)	59.5	73.5	46.0	26.5	98.0	71.2	64.4
In Household Whose Family Received Welfare More Than 2 Years While Enrollee Was Growing Up (%)	40.5	50.0	44.7	41.2	52.0	54.4	47.9
Sample Size[a,b]	37	34	50	34	50	59	264

NOTES: [a] The sample size for specific data items ranges from 254 to 264 since all enrollees did not answer all questions.

[b] The sample for this report excludes four young women in San Francisco who were known to have participated, but for whom enrollment forms were never received.

either received AFDC on their own or lived in households in which some other member received assistance. Almost half (48 percent) had lived in families that received welfare for two or more years while the young women were growing up.

Participants badly needed to bolster their academic skills: The average enrollee had completed the 10th grade, but when tested at program intake read only as well as the average student in the sixth month of the seventh grade. This low mean score does not sufficiently reflect the severity of some participants' academic deficits: About one in eight teens read at the fifth grade level or below, and in San Francisco, this proportion rose to 29 percent. Nor do test scores adequately suggest participants' lack of communication skills and general knowledge. In the New Chance classrooms were students like those in Pittsburgh who, faced with a workbook exercise "The apples were/was hanging from the tree," could not identify the right answer, or those in San Francisco who, on a history quiz, could not name the region of the United States which practiced large-scale slaveholding.

Finally, discouraging as the statistics are, they cannot convey the complications of participants' lives and the problems they faced in their environment, nor do they reveal the determination and support which enabled participants to undertake a commitment like New Chance. In the course of site visits, MDRC research staff conducted in-depth interviews with a number of participants, who were chosen because they were "average" participants, with neither outstanding nor substandard program records. These vignettes emerged:

o A young woman who attended five high schools before dropping out in the middle of 10th grade, and seven post-high school education and/or training programs before joining New Chance. Her determination to get the skills to leave welfare was influenced by her mother's example. The young woman stated that "If my Mom can get up and go to work, I feel guilty just staying home. That's why I'm getting a job." Her choice of nontraditional vocational training was encouraged by a supportive boyfriend. She described him as "an open-minded man, he says 'Go for it!'"

- A young woman whose sister (her regular childcare provider) is strongly suspected of drug use, and who herself sold crack until an irate customer stabbed her in the hand and she realized the danger of this enterprise. After a poor high school career, her pregnancy seems to have been a turning point, causing her to think about what she wanted for herself and her baby. She enrolled in a special school for pregnant teens, and reportedly attended regularly. When her eligibility for the special school expired, she found her way to New Chance with the help of a local case management project.

- A young woman whose relationships with her mother and her mother's boyfriend are deeply troubled, who was diagnosed as having syphilis, and who has twice attempted to commit suicide. Both her parents are employed, and she is strongly motivated to achieve security and self sufficiency through work. The opportunity to earn money through a New Chance work internship was embraced eagerly by this participant; all she had to do was "look at the $158 a month [her welfare entitlement] when I can get $536 a month here [working in a summer internship]."

- A young woman with low academic skills and a short attention span whose occupational preference (insofar as it has been formulated) is to "sit at a desk in a nice office," but who does not know anyone who has had a job like this nor how to go about finding one. This young woman comes from a blue-collar, two-parent home. Her family very much approves and supports her decision to enroll in New Chance, which they see as an opportunity for her to learn, to get her GED, and to find a job that will make her independent of AFDC.

- A young woman who has never used contraceptives because she is afraid that the pill will make her sick and that the IUD "can rip you up." The child support and encouragement provided by her partner and his family enabled her to enroll in New Chance and concentrate full-time on pursuing her ambitions of a GED and a career as a photographer.

- A young woman whose toddler was born with two club feet, but does not carry out the daily exercises prescribed by her doctor, because she didn't understand his directions, and because the child resists. Despite a rapid second pregnancy that resulted in a premature caesarian birth, and despite her dangerously high blood

> pressure, this young woman uses contraceptives irregularly, explaining that she cannot afford the pills. The young woman was deeply interested in services for the deaf, and pursued vocational training in this field until the birth of her second child made it impossible. New Chance support services provided an opportunity to continue her education after the birth, and the possibility of returning to training for service to the deaf.

All these findings suggest that collectively, New Chance participants might benefit from extensive services in many areas -- education, employment, family planning and health education, and counseling, among others -- and that they have the motivation to attain self-sufficiency. The next chapter describes how program sites organized these services on behalf of their youthful, needy clienteles.

44

III. NEW CHANCE ACTIVITIES AND SERVICES

Each of the six New Chance pilot sites instituted a comprehensive battery of services. This chapter opens with an overview of those services, the sequence in which they were offered, and the interpersonal environment the programs created. A discussion of case management and counseling follows because of the central role of these services in ensuring that both agencies and participants fulfilled their New Chance obligations. The next sections describe each of the essential program activities and the issues that arose in the course of implementing them. The chapter concludes by discussing the support services that were intended to promote successful participation and outcomes for New Chance enrollees. These include child care, placement and follow-up services.

Overall, the chapter concentrates upon cross-site themes and generalizations. Site-specific information is provided in the charts depicting the content and structure of New Chance activities and services in the pilot sites, and in the site profiles in Appendix C. Also, the chapter focuses upon New Chance activities and services in the form they had achieved by the final research site visits in Spring 1988. A fuller discussion of the evolutionof local New Chance pilot programs is presented in the site profiles.

A. New Chance Services, Structure, and Environment

Through the New Chance pilot initiative, sponsor agencies brought together an array of program activities and support services intended to address comprehensively the many needs of adolescent mothers. New Chance pilot programs responded to the young mothers' need to achieve economic self-sufficiency by seeking to provide the education and vocational training necessary to build human capital. Through employment-related activities, pilot programs sought to expose participants to the variety of occupational areas outside their narrow experience and to teach them to meet the demands of job search and the workplace. In some cases, New Chance provided opportunities for hands-on work experience as well.

In addition to helping participants become job-ready, New Chance was designed to address the participants' need to complete their own physical and emotional development from adolescence to adulthood. New Chance provided individual and group counseling on personal problems, instruction on life management issues, and health and family planning education and services. To help young mothers nurture their babies and support their children's physical, cognitive, and emotional growth, the programs offered workshops on child development and parenting and assistance in locating secure, developmentally-oriented child care.

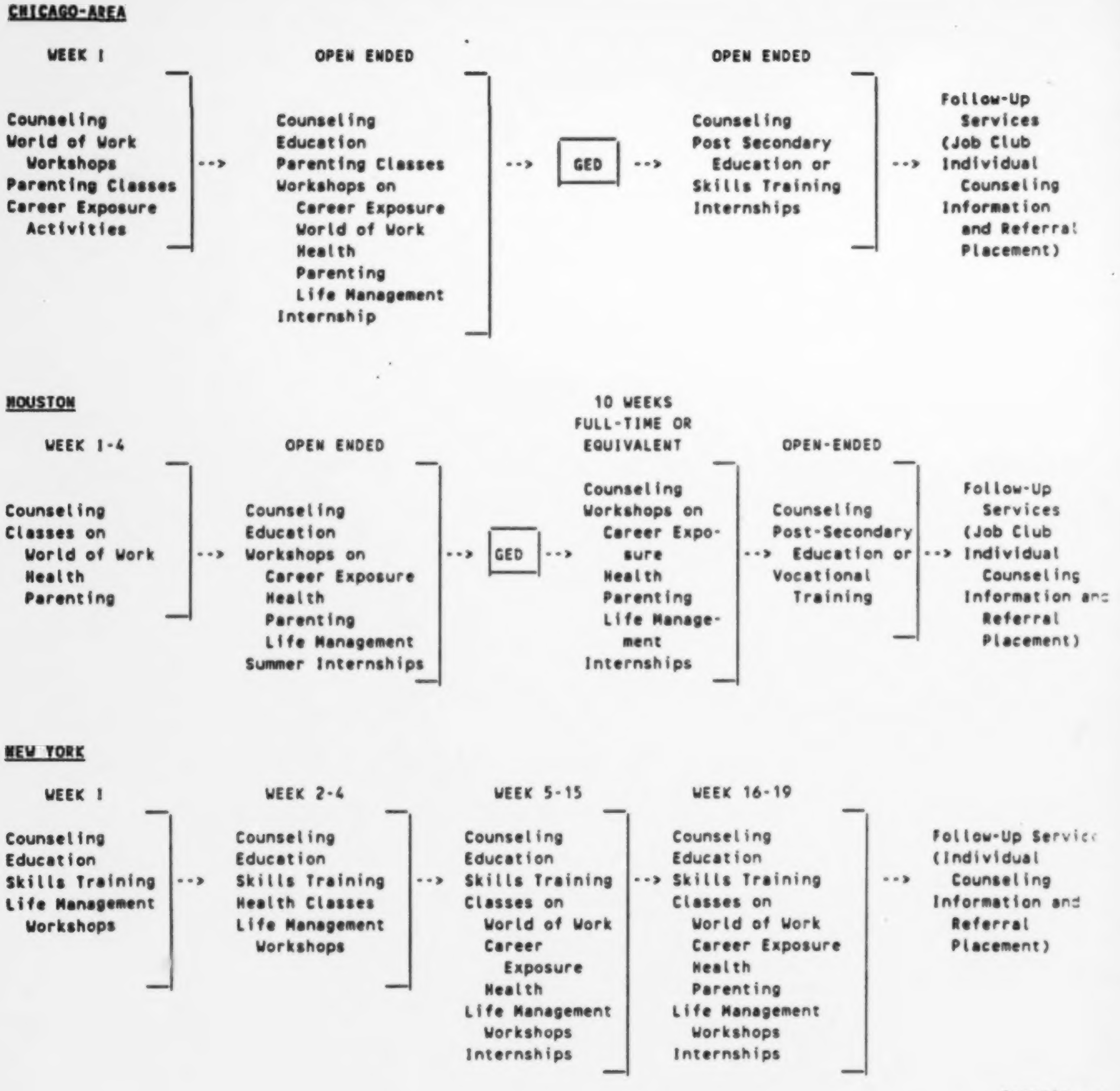
In each site, enrollees started the program with a general orientation. This was usually a short meeting in which staff explained the services and opportunities the program offered and the standards and obligations which participants were expected to meet. Local sites initially planned periodic group orientations of New Chance enrollees as a forum for conveying a standardized and comprehensive introduction to the program and ensuring that everyone would start with the same understanding of its offerings and obligations. New York, Phoenix, and Pittsburgh maintained a group approach by placing each new applicant on a waiting list until the next scheduled orientation date. The Chicago-area, Houston, and San Francisco sites sponsored one or two group orientations over the course of the program. In addition, these sites allowed enrollees to "trickle in" individually, in order to avoid losing applicants before they had the opportunity to enroll, and because organizing group orientations absorbed a great deal of time and effort.

Following orientation, most programs tried to introduce participants to New Chance with a short-term, intensive schedule of employment-related activities (in the Chicago-area site), together with workshops on family planning and other health education topics, parenting, and life management (in San Francisco, Houston, Phoenix, and Pittsburgh). Only New York departed from this model, by gradually adding more group workshops to the later weeks of program activity. The sequence in which the different pilot sites tried to offer these is depicted in Figure III.1.[4]

After one to four weeks devoted largely to these group workshops, education and skills training became participants' primary activities. These components were offered concurrently in two sites, while in the four others, participants had to complete the educational phase of the program before entering skills training. Participants continued to participate in the various group workshops throughout their involvement in on-site activities in five sites; in the sixth site (Houston), participants also returned periodically to the sponsor agency for these activities even after off-site activities became their major commitment. Throughout their full-time involvement in the program, enrollees had full access to New

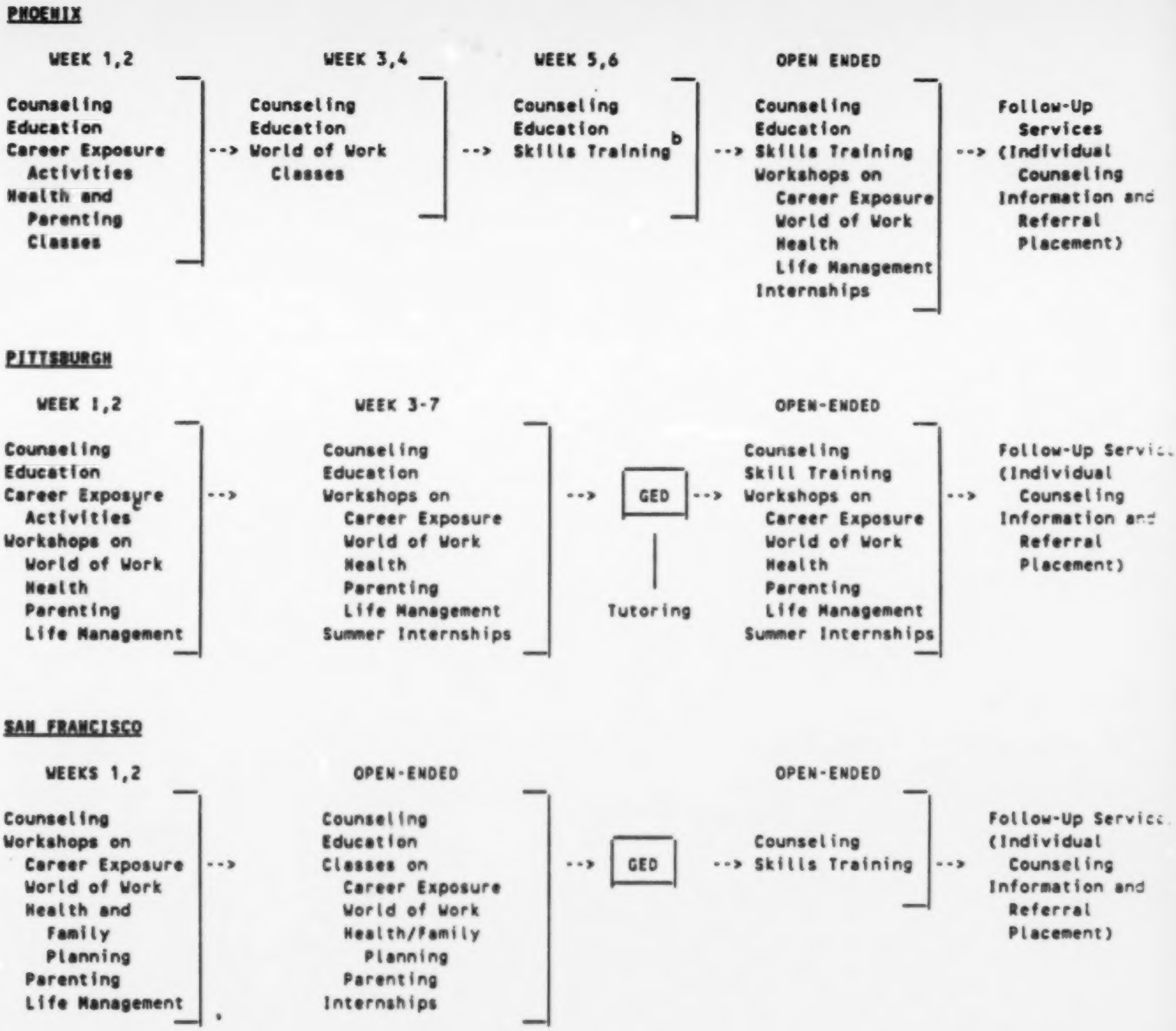
FIGURE III.1

MODELS OF THE NEW CHANCE SEQUENCE OF ACTIVITIES AND FOLLOW-UP SERVICES, BY SITE[a]


CHICAGO-AREA
WEEK 1
Counseling
World of Work Workshops
Parenting Classes
Career Exposure Activities
-->
OPEN ENDED
Counseling
Education
Parenting Classes
Workshops on
Career Exposure
World of Work
Health
Parenting
Life Management
Internship
-->
GED
-->
OPEN ENDED
Counseling
Post Secondary Education or Skills Training
Internships
-->
Follow-Up Services
(Job Club
Individual Counseling
Information and Referra
Placement)
HOUSTON
WEEK 1-4
Counseling
Classes on
World of Work
Health
Parenting
-->
OPEN ENDED
Counseling
Education
Workshops on
Career Exposure
Health
Parenting
Life Management
Summer Internships
-->
GED
-->
10 WEEKS FULL-TIME OR EQUIVALENT
Counseling
Workshops on
Career Exposure
Health
Parenting
Life Management
Internships
-->
OPEN-ENDED
Counseling
Post-Secondary Education or Vocational Training
-->
Follow-Up Services
(Job Club
Individual Counseling
Information an
Referral
Placement)
NEW YORK
WEEK 1
Counseling
Education
Skills Training
Life Management Workshops
-->
WEEK 2-4
Counseling
Education
Skills Training
Health Classes
Life Management Workshops
-->
WEEK 5-15
Counseling
Education
Skills Training
Classes on
World of Work
Career Exposure
Health
Life Management Workshops
Internships
-->
WEEK 16-19
Counseling
Education
Skills Training
Classes on
World of Work
Career Exposure
Health
Parenting
Life Management Workshops
Internships
-->
Follow-Up Servic
(Individual Counseling
Information and
Referral
Placement)

(continu

FIGURE III.1 (continued)


PHOENIX
WEEK 1,2
Counseling
Education
Career Exposure Activities
Health and Parenting Classes
-->
WEEK 3,4
Counseling
Education
World of Work Classes
-->
WEEK 5,6
Counseling
Education
Skills Training[b]
-->
OPEN ENDED
Counseling
Education
Skills Training
Workshops on
Career Exposure
World of Work
Health
Life Management
Internships
-->
Follow-Up Services
(Individual Counseling
Information and Referral
Placement)
PITTSBURGH
WEEK 1,2
Counseling
Education
Career Exposure Activities[c]
Workshops on
World of Work
Health
Parenting
Life Management
-->
WEEK 3-7
Counseling
Education
Workshops on
Career Exposure
World of Work
Health
Parenting
Life Management
Summer Internships
-->
GED
Tutoring
-->
OPEN-ENDED
Counseling
Skill Training
Workshops on
Career Exposure
World of Work
Health
Parenting
Life Management
Summer Internships
-->
Follow-Up Servic
(Individual Counseling
Information and
Referral
Placement)
SAN FRANCISCO
WEEKS 1,2
Counseling
Workshops on
Career Exposure
World of Work
Health and Family Planning
Parenting
Life Management
-->
OPEN-ENDED
Counseling
Education
Classes on
Career Exposure
World of Work
Health/Family Planning
Parenting
Internships
-->
GED
-->
OPEN-ENDED
Counseling
Skills Training
-->
Follow-Up Servic
(Individual Counseling
Information and
Referral
Placement)

NOTES: [a] Only the sites practicing group intake and orientation could strictly maintain a standard sequence of activities. Sites which took in participants individually made an effort to arrange new enrollee program experience in the order represented in Figure III.1, but often had to delay scheduling certain group activities until they had a "critical mass" of relatively new participants.

[b] Two weeks of typing are provided to all participants in this site, in order to expose participants to the clerical field.

[c] Career Exposure extends into the third week of New Chance Activities.

Chance support services such as child care.

The final phase of New Chance participation began when the young mother moved out of New Chance-sponsored activities and on to a job or advanced education or training. In this final phase, the New Chance sponsors provided placement assistance, individual counseling, and information and referral services intended to meet program alumnae's continuing support service needs.

The atmosphere in which these services were provided was warm and supportive. Staff tried to create a family-like environment, in which, because the program size was small, each participant had a personal relationship with her counselor, other staff members, and the other New Chance participants. Group solidarity was fostered through social activities, such as holiday parties and field trips, which involved the whole New Chance group, and through group workshops and meetings which allowed the participants to get to know one another at the beginning of their program involvement and maintain contact throughout their participation in on-site activities. Recognizing that these young women had too ample an experience of failure, staff were lavish in their use of encouragement and praise. A staff member from Pittsburgh illustrated this, declaring that "I try to compliment each girl on something each day."

B. Case Management and Counseling

The linchpin of this comprehensive service array was intensive, personalized case management. Within each sponsor agency, a special counselor was charged with responsibility for ensuring that each participant took full advantage of the opportunities New Chance offered her, and that the service providers followed through on the promise of the program. The New Chance case managers were assigned small caseloads in order to maintain an intensive, personalized relationship between counselor and participant. New Chance caseload size ranged from 25 active participants per counselor in Houston, to 15 per counselor in New York. In those sites in which New Chance was embedded in a larger, preexisting program for adolescent mothers, (Houston, Phoenix), the designation of a specialized counselor/case manager with a smaller caseload set New Chance apart as more demanding and more supportive.

In most sites, New Chance participants in on-site activities had formal appointments with their case managers at least weekly. In addition, participants and case managers had frequent informal interactions, as case managers monitored attendance in class and ran into participants in the course of the day. For participants who had moved into off-site activities such as work internships or off-site vocational training, staff found that maintaining contact was more difficult. They usually made formal contact at least monthly, in addition to visits and phone calls as needed.

One of the primary duties of the case manager was to coordinate service delivery to individual participants, so that each young woman received the help she needed to stay in the program and participate fully. In every site, case managers provided information and referral services for New Chance participants and acted as advocates on their behalf in their interactions with outside agencies. The urgency and complexity of adolescent mothers' needs often required case managers to orchestrate complex negotiations for services from a variety of sources. The case of a Chicago-area woman serves as an example of this. This participant failed to come in for scheduled program activities, and, since she had no phone, the counselor made a home visit to follow up on the problem. She discovered the young woman and her children alone in an unheated apartment; utilities had been cut off, and she faced eviction because of failure to pay her bills over several months. Through some fast networking, the counselor succeeded in getting the heat back on. Then, over a period of weeks, she arranged a series of meetings with the Department of Public Aid, utilities companies, and landlord, making arrangements to pay off the backlog of payments and rent, and working out a budget which would allow the young woman to make future payments.

Case managers also coordinated services offered by the sponsor agency, or provided through interagency contracts. The typical vehicle for doing this was case conferences, usually held at least monthly, at which New Chance administrators and service delivery personnel discussed the needs and performance of individual participants. Case managers attended in their role as the participants' personal counselors, as monitors of the participants' progress and problems, and as the contact persons for outside agency staff members providing services to New Chance participants (such as teachers in sites where education was brokered, or vocational trainers in sites where skills courses were brokered).

In addition to making sure that service providers delivered on their obligations to the participants, case managers had to ensure that participants delivered on their commitments to New Chance. Key commitments were regular attendance at scheduled activities, and avoiding pregnancy until program completion. Case managers reinforced the program's expectations on an ongoing basis, through individual counseling in formal and informal sessions as well as through phone calls and home visits to non-attenders.

In some sites case managers had to overcome personal or institutional conflicts regarding the promotion and monitoring of family planning practices. For example, in one site a staff member initially expressed reluctance to pry into the personal life of participants; until she gained experience with the program, she did not pursue the matter of contraceptives with young mothers if they told her that they were not currently sexually active. The official policy of the Hispanic sponsor agency in Phoenix prohibited written referrals to family planning clinics for the purpose of obtaining contraceptives; case managers had to encourage the use of contraception without the open and unambivalent support of the sponsor agency.

For New Chance case managers, provision of personal counseling and coordination of services for individual clients proved to be complementary duties. The performance of one enhanced the staff member's ability to perform the other. One case manager explained that she had an opportunity to break the ice and gradually build a relationship with participants by initially working with them on relatively nonthreatening issues, such as classroom attendance and performance. Her dual role greatly facilitated the process of establishing interpersonal rapport necessary for successful counseling.

In turn, the counselor's familiarity with the partipant's emotional condition and family situation can facilitate the job of case management, by enabling the counselor to anticipate and overcome barriers to program participation rooted in home life or personal relationships. An example from the New York City site involved a young woman whose mother, a crack addict, exploited her daughter, even taking away the participant's AFDC money to buy drugs. Through regular counseling sessions, the participant opened up to her counselor about the continually worsening situation in her home, ultimately leading to the decision that the young woman needed to find some other place to live. The counselor then went to work to find the resources and support services which would enable the young woman to act on this decision, locating a shelter for young mothers and obtaining a placement for the participant. The young woman was able to continue in the program, establishing an excellent attendance record. According to the case manager, "If I hadn't been there to work with her on this, she might well have given up and dropped out of the program."

C. Education

The New Chance initiative targets young women whose educational disadvantages are a barrier to the eventual achievement of economic self-sufficiency, and education is a central element of the program's approach to building human capital. Educational services are intended to help participants improve their competence in math or reading to the point where they can succeed in vocational training, and provide the means to obtain the GED.

Staff emphasized GED attainment because of the importance of this degree as a hiring credential and as a prerequisite for entry into many fields of training. Participants themselves also focused strongly on the goal of obtaining a GED. Over half the participants were currently or had previously studied in other GED programs at the time of their enrollment in

New Chance. General educational enrichment was not entirely neglected, as some sites included material designed to broaden participants' educational horizons. For example, the Houston and New York sites included material on politics, art, and black history. However, enrichment was a secondary consideration to GED attainment in the pilot sites' educational components.

As documented in Chapter II, the educational deficits which New Chance programs set out to correct were daunting and were sometimes exacerbated by poverty. The Chicago-area education coordinator traced severe reading problems in three of her students to the fact that they needed glasses but hadn't been able to afford them.

New Chance initiated or contributed to local efforts to meet these great needs through the enrichment or restructuring of educational activities. For example at the Chicago-area site, the sponsor agency had previously offered only short-term classes to help JTPA enrollees brush up on basic skills. With the introduction of New Chance, an education coordinator was hired, and the Learning Center accumulated an enriched and expanded supply of remedial and GED prep materials, including the addition of a computer- assisted learning system.

Educational activity commenced early in the participants' New Chance career. Reading and math assessment tests were administered to new enrollees in every site to provide teachers with the information to set up individualized lesson plans or to place the student in remedial or GED preparatory class. As Figure III.1 indicates, education classes began in the enrollees' first week of participation in most sites, and by the third week in every site.

The figure also illustrates that most New Chance sites provided education classes which were open-ended, allowing students to continue their studies until they obtained a GED. Two sites placed time limits on educational activities, which raised problems regarding what should be done with participants who could not pass the test within those limitations. In New York, program staff responded to low GED attainment rates by trying to convince participants to enroll in a post-program GED class after the conclusion of the 19 weeks; they did not have much success in this effort. The Pittsburgh staff restructured the timeframe and intensity of their education component three times over the course of the pilot program, in order to maximize the number of participants eligible for JTPA-funded vocational training (which required a GED). The education component began as a year-long program, then was switched to an intensive five-week course; toward the end of the pilot, plans were underway to modify the component further to assist slower learners.

Chart III.1 indicates that New Chance educational activities typically averaged ten hours a week (the exception was Pittsburgh's intensive five-week program, scheduled for 27 hours a week). Education classes were offered on-site in every New Chance location (although Houston also provided the option of off-site GED study, as indicated in Chart III.1). Teachers were usually employees of the local community colleges or public school systems; selection of teachers and curricula was the responsibilty of these outside agencies. In two sites, education teachers were in-house staff of the sponsor agency.

Group and individualized instruction were combined in four sites; among these sites, two provided special classes for students with lower

CHART III.1

REGULARLY SCHEDULED CLASSES AND WORKSHOPS: SERVICE DELIVERY PROFILE, BY SERVICE AND SITE

Service	Location		Provider		Mode of Instruction		FORMAT Specific Classes	Open-Topic Workshops[a]
Site	On-Site	Off-Site	Sponsor Agency	Outside Agency	Individual-ized	Group	Schedule	Schedule
EDUCATION								
Chicago-Area	X		X		X		10 hours a week for unlimited weeks	
Houston	X	X	X	X	X	X	8 hours a week for unlimited weeks	
New York	X		X			X	9 hours a week for 19 weeks	
Phoenix	X			X	X		10 hours a week for unlimited weeks	
Pittsburgh	X			X	X	X	27 hours[b] a week for 5 weeks	
San Francisco	X			X	X	X	12 hours a week for unlimited weeks	
SKILLS TRAINING								
Chicago-Area	X	X		X	X	X	Offsite: variable On site: 16 hours a week for 10 weeks	
Houston		X		X	Variable[c]		Variable	
New York	X		X		X	X	12 hours a week for 19 weeks	
Phoenix	X	X	X	X	X	X	On site: variable Offsite: 10 hours a wk, unlimited weeks	
Pittsburgh	X	X		X	Variable		30 hours a week for variable # of weeks	
San Francisco		X		X	Variable		Variable	

(continued)

CHART III.1 (continued)

Service	Location		Provider		Mode of Instruction		FORMAT Specific Classes	Open-Topic Workshops[a]
Site	On-Site	Off-Site	Sponsor Agency	Outside Agency	Individual--ized	Group	Schedule	Schedule
CAREER EXPOSURE								
Chicago-Area	X		X			X		3 hours a week for unlimited weeks
Houston	X		X			X	2 hours bimonthly for unlimited weeks	
New York[d]	X		X			X	6 hours a week for 15 weeks	
Phoenix	X		X		X			2 hours a week for unlimited weeks
Pittsburgh	X	X	X	X	X	X	3 hours a week for 3 weeks	20 hours a week for 2 weeks; 7 1/2 hours a week, thereafter, for unlimited weeks
San Francisco[d]	X	X	X			X	3 hours a week for unlimited weeks	14 hours a week for two weeks
WORLD OF WORK								
Chicago-Area	X		X			X	20 hours a week for 1 week; 1 1/2 hours a week thereafter, unlimited weeks	3 hours a week for unlimited weeks
Houston	X		X		X	X	8 hours a week for 4 weeks	
New York[d]	X		X			X	6 hours a week for 15 weeks	
Phoenix	X		X			X	10 hours a week for 2 weeks	2 hours a week for unlimited weeks
Pittsburgh	X	X	X	X		X	3 hours a week for 5 weeks	20 hours a week for 2 weeks; 7 1/2 hours a week thereafter, for unlimited weeks
San Francisco[d]	X		X			X	3 hours a week for unlimited weeks	14 hours a week for 2 weeks

(continued)

CHART III.1 (continued)

Service	Location		Provider		Mode of Instruction		FORMAT Specific Classes	FORMAT Open-Topic Workshops[a]
Site	On-Site	Off-Site	Sponsor Agency	Outside Agency	Individualized	Group	Schedule	Schedule
HEALTH/FAMILY PLANNING								
Chicago-Area	X		X			X		3 hours a week for unlimited weeks
Houston	X		X			X	2 hours a week for 5 weeks	2 hours biweekly for unlimited weeks
New York	X		X	X		X	3 hours a week for 18 weeks	
Phoenix[e]	X		X			X	10 hours a week for 2 weeks	2 hours a week for unlimited weeks
Pittsburgh	X		X	X		X		20 hours a week for 2 weeks; 7 1/2 hours a week thereafter, for unlimited weeks
San Francisco	X			X		X	2 hours a week for unlimited weeks	14 hours a week for 2 weeks
PARENTING								
Chicago-Area	X	X	X			X	2 hours a week for unlimited weeks	3 hours a week for unlimited weeks
Houston	X		X			X	6 hours a week for a week	2 hours biweekly for unlimited weeks
New York	X			X		X	3 hours a week for 4 weeks	
Phoenix[e]	X		X			X	10 hours a week for 2 weeks	2 hours a week for unlimited weeks
Pittsburgh	X		X	X		X		20 hours a week for 2 weeks; 7 1/2 hours a week thereafter, for unlimited weeks
San Francisco	X		X			X	1 hours a week for unlimited weeks	14 hours a week for 2 weeks

(continued)

CHART III.1 (continued)

Service	Location		Provider		Mode of Instruction		FORMAT Specific Classes	Open-Topic Workshops[a]
Site	On-Site	Off-Site	Sponsor Agency	Outside Agency	Individualized	Group	Schedule	Schedule
LIFE MANAGEMENT								
Chicago-Area	X		X			X		3 hours a week for unlimited weeks
Houston	X		X			X		2 hours biweekly for unlimited weeks
New York	X		X			X		1 hour a week for 19 weeks
Phoenix	X		X			X		2 hours a week for unlimited weeks
Pittsburgh	X		X	X		X		20 hours a week for 2 weeks; 7 1/2 hours a week thereafter, for unlimited weeks
San Francisco	X		X			X	1 hour a week for unlimited weeks	14 hours a week for 2 weeks

NOTES: [a] The subject matter of open-topic workshops changes from session to session. For example, one session may be devoted to career exposure, the next to parenting instruction, and so on. Scheduling information describes the workshop timeslot; it does not describe the hours or weeks devoted to any specific subject.

[b] Students who could not pass the GED after five weeks were tutored individually for approximately 6 more weeks.

[c] "Variable" means that this activity can take place on a number of different schedules.

[d] Career Exposure and World of Work training were consolidated into a single set of classes in this site.

[e] Health/Family Planning and Parenting training were consolidated into a single set of classes at this site.

assessment scores, where they received basic remediation before entering the GED class. In the remaining New Chance sites, classroom time was spent entirely in individualized study, with the teacher's assistance. Half of all sites had tutors to work individually with students inside or outside the classroom.

Classroom work usually consisted of pen and paper workbook exercises. Standard GED prep and remedial textbooks were widely used, combined with a variety of other materials selected by the teacher. Writing was emphasized in the New York and San Francisco sites; at the latter, participants kept a journal of their program experiences. Other sites planned to increase instruction in this area in response to the revision of the GED test to include a writing sample. Sites offering group instruction also devoted time to discussion and lectures. Computer-assisted instruction supplemented the lessons learned with teachers in the Chicago-area and Pittsburgh sites. Audio-visual presentations, outside speakers, or hands-on learning experiences were not generally a part of New Chance academic training.

In most sites, there was little direct linkage of educational materials to vocational training or career interests. An important reason for this was that New Chance sponsor agencies usually subcontracted educational services to local school districts or community colleges and could not control education staff nor mold curricula. Only in the New York site were materials relevant to vocational training (such as technical vocabulary and measuring skills) integrated into the educational curriculum, and extra attention given to material covered on union entrance exams (such as algebra for applicants to the electricians' union.) The focus on employment-related skills was facilitated in New York by the fact that all New Chance participants were enrolled in the same course of nontraditional skills training, and that this course was taught on-site by sponsor agency staff who conferred regularly with each other.

D. Employment-Related Activities

The New Chance target population is composed of young women who have very limited knowledge and experience regarding the kinds of occupations that might lead to self sufficiency, and the day-to-day demands of the working world. Many come from families in which the parents have been unemployed or underemployed, and the jobs that they themselves have held in the past were far from the kinds that can support a family. Finally, most New Chance participants came to program sites with little realistic appreciation of the educational skills required to make a living in some of the more popular traditional female occupations, such as secretarial or nursing services, and in most sites, participants entered with little interest in other careers, particularly nontraditional occupations.

Some of the objectives of New Chance were to expose these young women to the occupations that could support their families, help them develop clear and specific ideas about the kinds of jobs for which they would want to train, and equip them to meet employers' general expectations regarding reliability, promptness, and demeanor. New Chance provided opportunities to learn these lessons through career exposure activities (such as vocational testing, field trips, and speakers), classes and workshops on employability development (dealing with job search topics such as resume writing and job interviews, and job retention issues such as time management and office decorum), and lectures and discussions of various work-related concerns brought up by participants, staff, or outside speakers. Opportunities for hands-on experience in the working world were also offered to New Chance participants through work internships arranged with local employers.

1. Employability development workshops and career exposure activities

In each site, the goal of the employability development sessions was improvement of participants' job search and job retention skills; different methods were used to pursue this objective. In Houston, for example, the assistant director developed a formal curriculum for a four-week sequence of self-paced, individualized employability development classes. In this series, participants worked to achieve basic competencies by completing a series of preemployment skills workbooks. In Pittsburgh, on the other hand, employability development sessions were operated more as a series of open workshops, involving a variety of guest speakers, discussion groups, and field trips occurring in the first two weeks of program activities. In four sites, occupational interest testing was part of this initial sequence. These tests were designed to help participants clarify their career preferences and link their interests and abilities to particular occupations.

The placement of employment-related activities early in the New Chance sequence reflected programmatic and funding considerations (see Figure III.1). For example, at the Chicago-area and Phoenix sites, participants were scheduled for employability development activities in the first week(s) of New Chance, because special funding was attached to these activities. The sites wanted to ensure that the maximum number of participants would be counted among the enrollees required or reimbursed under those contracts.

This sequence of activities made programmatic sense as well as financial sense. By integrating employment-related activities into the early weeks of participants' New Chance experience, program operators established the employment focus of this initiative from the very beginning of the program. There is the danger in sequential programs that the long wait to enroll in training can dissipate participants' program momentum, so that they drop out without making the transition from education to training.

As indicated in Chart III.1, New Chance sites offered employability development and career exposure activities on an ongoing basis. Half the sites scheduled classes specifically focused on employment-related skills and career information on a semiweekly or weekly basis, sometimes led by outside speakers, other times by agency staff. In New York, for example, a series of employment related workshops was offered by People Against Sexual Abuse (PASA), who worked with the young women on identifying and arresting sexual harrassment -- a particularly apt topic in a training program for women entering traditionally male occupations. Other weeks, the in-house job developer led classes based upon a formal employability development curriculum. Additionally, in most sites, regularly scheduled open-topic workshops on many occasions provided a forum for outside speakers or group discussions on career choices, job search, and job retention. For example, the featured speaker in a workshop in San Francisco was a young black woman with a doctorate in psychology who excited and inspired the New Chance participants with an account of her personal experiences in pursuing higher education and a prestigious career.

Occasional special events also highlighted career issues for New Chance participants. For example, the Chicago-area site sponsored field trips to the telephone company, the post office, and a newspaper, and the Houston site arranged for participants to attend special sessions every six-to-eight weeks, involving outside speakers representing different career tracks, or organizations such as the Texas Employment Commission.

Nontraditional skills training and careers were not emphasized in any of the sites except New York, where career exposure activites focused exclusively on skilled manual labor. Over the course of the pilot, Chicago-area staff increasingly provided participants with information about nontraditional careers in their employment-related workshops and events. However, in all the sites except New York, staff reported that participants were not interested in nontraditional careers, and they did not make concerted efforts to expose participants to these career options.

2. Work Internships

In each pilot site, opportunities for hands-on employment experience were available through agency-sponsored work internships and/or the JTPA-sponsored Summer Youth Employment Program. As Chart III.2 indicates, one site was able to sponsor work internships on a large scale, involving most of the New Chance participants in this activity. In the other sites, only a small proportion of New Chance participants were involved in agency-sponsored work internships. The JTPA summer program provided paid internships on a large scale in half the pilot sites.

The best-developed agency-sponsored internship component was offered

CHART III.2

WORK INTERNSHIP COMPONENT, BY SITE

Site	Paid or Unpaid	Sponsor	Maximum Hours Per Week	Duration	Scale[a]
Chicago-Area	Paid	Agency-sponsored	30	2-12 weeks	Small scale
	Unpaid	Agency-sponsored	20	4-8 weeks	Small scale
Houston	Paid	Agency-sponsored	40	10 weeks[b]	Large scale
	Paid	Agency and JTPA Summer Youth Employment Program	35	10 weeks	Large scale
New York	Unpaid	Agency-sponsored	12	2 weeks	Large scale
	Unpaid	Agency-sponsored	5	9 weeks	Small scale
Phoenix	Paid	Agency-sponsored	30	12 weeks	Small scale
	Unpaid	Agency-sponsored	8	2 weeks	Small scale
Pittsburgh	Paid	JTPA Summer Youth Employment Program	18	8 weeks	Large scale
San Francisco	Unpaid	Agency-sponsored	20	12 weeks	Small scale
	Paid	JTPA Summer Youth Employment Program	20	8 weeks	Large scale

NOTES: [a] Large scale work internship components involve the majority of New Chance participants. Small scale work internships involve a small proportion of New Chance participants.

[b] These work internships are scheduled for 400 hours per year. Full-time internships are scheduled for ten weeks; part-time internships are rescheduled for more weeks.

in Houston, where this activity was one of the sponsor agency's longstanding core services. The sponsor agency's work internship component was supported by well-established linkages with over 100 employers, an active advisory board of worksite supervisors, and a strong reputation throughout the community. The state Department of Human Services funded the component and paid the participants' stipends. The participants' career interests were consulted in the selection of placements from the pool of internships. Their attendance and performance were monitored by the program's internship counselor and the agency job developer, through weekly visits to participants on the worksite, and biweekly meetings with supervisors. Most of the the placements were clerical positions in public or nonprofit agencies. Work internships were scheduled full-time for ten weeks or for the part-time equivalent. This was a very popular component, and participants were restricted to one DHS-supported internship a year, which they could undertake only after they had completed the employability development sequence. Initially, work internships were offered concurrently with education classes, but in the effort to improve attendance in educational activities, the director eventually made the GED a prerequisite for entry into work internships. All New Chance enrollees were eligible for this activity upon the receipt of a GED, and were expected to participate in it.

Other sites did not enter the New Chance initiative with well-established agency-sponsored internship programs. The sponsor agencies struggled to provide hands-on work experience on a small scale, in each site drawing upon different funding sources to sponsor some paid and some unpaid internships to a minority of New Chance participants. Initially, the New York site was able to involve all the New Chance participants in an unpaid two-week work internship with the sponsor agency's building maintenance department, but this was not a permanent arrangement, and in later cycles, internships were offered only to select participants, without stipend. In two other sites, the agencies sponsored paid and unpaid work internships on a small scale, over the entire course of the program.

In addition to work internships described above, enrollees in the Houston, Pittsburgh, and San Francisco sites received internships through the JTPA Summer Youth Employment Program. In Houston, the agency co-sponsored the summer internships; SYEP slots were reserved for sponsor agency clients, and the sponsor agency provided extra funding to extend the duration of the activity from eight to ten weeks.

E. Skills Training

Skills training was an integral part of the New Chance initiative at all sites except Houston (for reasons discussed in Chapter IV, below). As indicated in Chart III.1, the New York City site enrolled New Chance participants exclusively in its own 19-week nontraditional skills training program covering the rudiments of carpentry, plumbing, building maintenance and repair, and electrical work. In the other five sites, the sponsor agencies brokered skills training offered by local community colleges, nonprofit training centers, publicly funded technical schools, and for-profit proprietary schools; the Chicago-area and Phoenix sponsors also offered on-site clerical skills training.

All sites except New York had formal interagency linkages with one or more local training providers. According to these agreements, the sponsor agency contracted to provide clients for skills training slots subsidized through a number of funding sources (including JTPA, Carl Perkins Act, and state social service or education funds), or agreed to assist participants in making other individual financial aid arrangements such as Pell grants or guaranteed student loans. Some of these linkage agreements provided for extremely close interagency coordination, even extending to colocation of some of the vocational training courses and other New Chance services in the Chicago-area and Pittsburgh sites.

In addition to the training agencies which were formally linked to New Chance, participants in these five sites could also enroll in courses at other institutions, with the support and assistance of New Chance case management staff. The most New Chance staff could do in those cases was to visit the school, ascertain whether the institution offered a legitimate training course, and assist participants in applying for financial aid.

Linkage arrangements opened a variety of training options to New Chance participants. Depending on the site, enrollees could receive training as a nurse's aide, home health care worker, daycare aide, bank teller, food service worker, beautician, electrician, auto mechanic, or data entry clerk. In general, the young women preferred "pink-collar" occupations in the clerical and human services areas.

This preference for traditionally female jobs was one factor explaining the clear preference for on-site training that emerged at the Phoenix and Chicago-area sites. In Phoenix, the on-site clerical training was the near-unanimous choice of New Chance participants. Since there were no entry requirements, this training was open to all participants, who progressed at their own pace through basic and intermediate courses in typing, adding machine operation, and office procedures; some continued with word processing. However, according to the vocational education teacher, few New Chance participants were able to complete the advanced record and bookkeeping modules because of weakness in math skills. Counseling staff actively encouraged on-site clerical training, on the principle that the clerical skills participants gained while working on their GEDs could only help participants in their future vocational endeavors. Only participants who had proved themselves to be extremely reliable through excellent attendance in on-site activities were encouraged to pursue off-site training.

Initially, the Chicago-area site's ten-week, on-site clerical training, which focused on word processing, data entry, and office procedures, was also a favorite training option among New Chance enrollees. However, upon finding New Chance participants unable to meet the demands of the course, staff instituted entry requirements (including spelling and composition tests and ability to type 25 words per minute) which excluded most New Chance participants.

The provision of on-site training has both advantages and disadvantages from a programmatic viewpoint. Perhaps the most important advantage is that it vastly facilitates the delivery of education and training concurrently (with each taking up part of the same program day) rather than sequentially (with participants entering skills training only after finishing the education component). In this regard, it is notable that the only sites that offered education and training concurrently (New York and Phoenix; see Chart III.1) were those that could offer both activities on-site, through in-house sponsor agency staff, enabling the program to articulate the two components without the administrative complexities of interagency coordination. Concurrent service delivery not only enhances New Chance's employment focus but permits closer integration of basic and vocational skills. Moreover, it provides variety and a sense of accomplishment in diverse areas, especially important for slow learners who might need months to complete their GEDs. Finally, vocational skills acquisition, a sometimes frustrating process, may be fostered by the comfortable, family-like program atmosphere New Chance offers.

However, there are also drawbacks to on-site, in-house vocational training. In the New Chance sites, such training options were limited to a single course of study, thus screening out some potential participants (as in New York, which accepted only applicants interested in nontraditional careers), and providing others an unintended incentive to narrow their occupational aspirations (as in Phoenix, where almost no participants were willing to take advantage of the variety of training courses available through offsite linkages).

Sites that lacked on-site, in-house vocational training capacity adopted a sequential model, largely because of requirements set by funders or training providers (including the sponsor agency itself, as the case of the Chicago-area site illustrates). For example, in Pittsburgh, a GED was required for enrollment in the vocational training courses funded through JTPA, contributing to the development of a local model in which participants had to complete the education component before beginning skills training. In the other sites, too, it was difficult to find training programs that would accept enrollees who did not already have a GED or could not pass a basic skills test, an obstacle that impeded large-scale use of this component.

F. Personal and Family Development

1. Health/Family Planning, Parenting, and Life Management

The New Chance initiative sought to address not only the educational and vocational needs of New Chance participants as future workers, but also their developmental and personal needs as adolescents and as mothers. Single mothers require exceptional organizational skills in order to maintain both a home and a job -- skills with which adolescents are typically poorly equipped. New Chance provided life management training to help disadvantaged teenagers to deal with the demands of the outside world (by learning, for example, how to balance a checkbook or deal with bureaucracies), and their own emotional and psychological needs (by learning techniques such as stress management and self-assertion). Also critical to the participant's progress toward eventual self-sufficiency are good health and avoidance of unwanted pregnancy. The New Chance model included health education emphasizing contraception and reproductive health. Finally, as mothers New Chance participants need to know how to protect and promote the physical, cognitive, and emotional development of their babies. Lessons and advice on parenting were also incorporated into the New Chance model.

In most sites, education on these personal and family development topics was most intensive in the early weeks of a participant's New Chance career. Following the intensive introduction to these subjects provided in four sites, all New Chance sites involved participants in ongoing classses dealing specifically with these subjects, or in a series of ongoing workshops covering various topics, in which parenting, health, and life management were frequently recurring subjects (see Chart III.1). These activities were almost always on-site, led either by sponsor agency staff or outside agency specialists. Because they were often "add-ons" to more established education and training services, workshops on these topics were in some cases scheduled into the margins of the program day, a strategy which created attendance problems discussed in Chapter IV.

Health and family planning classes were conducted in a classroom format, with some sites using videos and movies to increase interest and comprehension. The sessions covered general health issues such as nutrition and substance abuse, as well as issues in reproductive health such as male and female anatomy, sexually transmitted diseases, and contraception. In all sites, health educators put together their own series of lessons, drawing upon a number of resources rather than a single curriculum.

Parenting sessions dealt with the physical, cognitive, social and emotional dimensions of child development and with best practices for nurturing a child from infancy through toddlerhood. Most of the parenting education was classroom oriented. A standard curriculum was utilized in the weekly evening parenting classes available to New Chance participants in the Chicago-area site. In the other sites, instructors drew on a variety of materials addressing a series of topics within the subject area. Despite the on-site childcare facilities available in four sites, there was no systematic integration of child development classes with hands-on training sessions in the childcare facilities.

Life management issues -- how to cope with external demands and internal needs -- were usually dealt with in open-topic workshops with no set curriculum, conducted by program staff. For instance, a group counseling session in Phoenix discussed ways to deal with the fear of leaving New Chance and moving on to further training or employment. Open-topic workshops also commonly featured outside speakers who provided important life management information, such as a session conducted by a Chicago firefighter on cardio-pulmonary resuscitation and first aid. In addition, employability development workshops often included general life management lessons such as how to use public transportation (for job search purposes), and the importance of promptness, courtesy, grooming (for job interviews). Parenting classes covered many life management issues as well, providing information on topics such as how to handle the emotional stress generated by a demanding infant or toddler.

2. Special Education on AIDS and Substance Abuse

The New Chance target population is especially vulnerable to health threats posed by AIDS and substance abuse: it is made up primarily of young, minority women, many of whom are sexually active and live in areas where drug addiction is rampant. In recognition of the high-risk status of this group, MDRC arranged for consultants to review the AIDS and substance abuse education available at the New Chance sites and provide technical assistance for strengthening these activities. Grant money from the Robert Wood Johnson Foundation was made available to the sites to improve their AIDS and substance abuse education components.

In some sites, special cycles of AIDS and substance abuse sessions were scheduled into the open-topic workshop slot. For example, at the Chicago-area site, a series of nine substance abuse workshops involving guest speakers and discussion meetings were held for New Chance participants, and three AIDS workshops were planned. In other sites, regularly scheduled classes dealing with health and family planning were retooled to emphasize and bring new material to their treatment of substance abuse and AIDS. For example, in Phoenix, the consultant put the in-house health instructor in touch with the local AIDS support group which arranged for a speaker with AIDS to explain the disease to the New Chance group. Some of the young mothers' male partners also attended the session -- an unusual occurrence. The session made a deep impression on New Chance participants; a participant reported that she and many of the young women were moved to tears by the presentation.

G. Services for Male Partners

In recognition of the important role which boyfriends or husbands play in the lives of young mothers, and of the needs of these men themselves, MDRC urged pilot sites to include outreach and activities for male partners as a part of their New Chance services. Interviews with staff reveal that the sites generally agreed on the importance of providing services to male partners, though they tended to value such services more for the ways in which they would benefit the participation of young mothers than for the effects which they would have on the men themselves.

The specific form the male partner component should take was left to the discretion of the local sponsor agency; sites were invited to experiment with this component. Their experiences provide examples of both the significant barriers that exist to establishment of a male partner component and the approaches which can be taken to overcome those barriers.

A major hurdle to recruiting men was the reluctance of participants to reveal the names of their partners. Some were concerned that giving the partner's name would lead to demands for child support, so spoiling their relationship; repeated assurances from program staff could not allay these concerns. Other participants, as evidenced in Houston, Phoenix and New York, wanted to keep the program for themselves and feared that partners, if brought in, would sabotage their efforts.

The temporary nature of participants' relationships with their partners created a second barrier to outreach. Staff at the Chicago-area, New York, Phoenix and Pittsburgh sites reported that many of their clients did not have a steady partner. As a staff member from the New York site put it: "I ask them to bring their partner in and they ask me 'which one?'"

In cases where the relationship was stable, yet another issue arose. As reported at the Houston and New York sites, those partners who were most responsible towards their girlfriends and so might be willing to attend activities, tended to be working full-time and not to have time for participation in the program.

The preceding examples indicate that recruitment of male partners posed a significant challenge for the sites. Only the Pittsburgh program made formal, ongoing efforts to operate services for male partners. Several factors distinguish this site's approach to the male partner component. First, the site began planning its male component well in advance of implementing New Chance. Secondly, the program had established a separate source of funding for services to males, a $45,000 grant from a local foundation. Third, the Pittsburgh site brought on a male social worker whose primary responsibility was to coordinate and develop the component. Finally, services to male partners fit with the general approach of the Pittsburgh site, which stressed working with the entire "family unit" of the young mother: her child, her own parents, her mate and other important "support persons." Overall, it can be said that Pittsburgh was already moving in the direction of services for males, enabling the site to respond quickly and innovatively when New Chance encouraged a male partner component.

Examining the implementation of services for male partners at the Pittsburgh site, the picture that emerges is one of a component growing and changing as staff gained experience in this area. This evolution is evident in various areas: outreach methods, eligibility criteria, the types of services provided, staffing and funding.

When the component began in September 1987, outreach efforts were directed exclusively to male partners of the over 100 participants in New Chance and the agency's larger PPP program. For many of the reasons discussed above, only ten partners responded to this recruitment effort. A group of men met on Saturdays to discuss parenting, family planning, job seeking skills and other topics, and were also offered case management, counseling services, referrals to employment, education or housing opportunities and follow-up for one year. Attendance dropped steadily over the following months, and so the site initiated a second group in March 1988 in which eligibility was extended to all fathers aged 15-25 regardless of program affiliation, recruited by means of flyers and through community and public agencies. A peer counselor, a young man from the first group, was added, his position supported by a new grant. While nearly 15 men initially joined this group, participation fell to two or three towards the end. The source of the attendance problem in both the first and second groups, according to staff, was that there was not enough "meat" in the program; the young fathers needed more concrete services to keep them motivated.

The site responded by planning a third group to begin in July 1988 for which services would be expanded to include GED and Driver's Education classes and an expanded, four days per week schedule.

In comparison to Pittsburgh's determined efforts to launch a substantive component for male partners, the other five sites made more modest progress, such as involving men in a social activity or an occasional parenting or family planning session. A number of factors contribute to this difference in pilot sites' approaches to services for male partners. For example, none of the sites except Pittsburgh had the advantage of prior planning for a male component. Secondly, as compared to the supportive program ethos in Pittsburgh, staff at most other sites were somewhat resistant to the idea of serving males, either because of negative prior experiences or because of the female-focused ethos of their programs. Finally, most other sites also lacked either the staff or financial resources to develop a male component. The San Francisco and Chicago-area sites, for example, were convinced of the need to serve males, but could not spare the resources neccessary to conduct outreach to them, and neither the Chicago-area nor the Phoenix sites had male staff to work with New Chance partners.

H. Child Care

Child care was a key support activity in the New Chance initiative.

This service is critical to the young mother's ability to participate in program activities. Historically, education and training programs have had great difficulty in serving young mothers, because the responsibilities of child care prevent them from enrolling in training programs or hinder them from full and regular participation.

The New Chance initiative was designed to overcome a major barrier to young mothers' participation by including child care assistance as part of the program model. At minimum, sites were to provide or broker nurturant, safe, clean, reliable day care for the children of participants, through licensed child care centers or homes. In addition, the New Chance model encouraged local sites to promote developmental child care which would stimulate the cognitive and social growth of New Chance children. Developmental child care requires facilities staffed by personnel trained in early childhood education, with a low ratio of children to staff (no more than 4:1 for infants, 5:1 for toddlers, and 10:1 for preschoolers), and which offer structured activities based upon recognized child development curricula.

All New Chance sites provided child care assistance to program participants. As indicated on Chart III.3, on-site child care was provided in four sites (Houston, New York, Phoenix, Pittsburgh). In most sites, participants preferred on-site child care because of the convenience, and the opportunity to drop in on their children, eat lunch with them, and so forth. Over half the participants placed their children in on-site facilities, where these were available.

Licensed, developmental child care was provided in three of the

CHART III.3

PROGRAM CHILDCARE SERVICES

Site	Services Available	Provider Credentials	Proportion of Participants Using Program Care[a,b]
Chicago-Area	Off-Site Referral	Licensed, Developmental Homes and Centers	60%
Houston	On-Site Services; Off-Site Referral	On Site: Licensed Developmental Center Off-Site: Licensed Homes and Centers	On-Site: 25% Off-Site: 75%
New York	On-Site Services; Off-Site Referral	On-Site: Licensed Developmental Center Off-Site: Licensed Homes and Centers	On-Site: 55% Off-Site: N/A
Phoenix	On-Site Services; Off-Site Referral	On-Site: Unlicensed Center Off-Site: Licensed Homes and Centers	On-Site: 75% Off-Site: 1%
Pittsburgh	On-Site Services	Licensed Developmental Center	100%
San Francisco	Off-Site Referral	Licensed Homes and Centers	50%

NOTE: [a] Certain participants had more than one child and used more than one type of childcare provider.

[b] These percentages are estimates made by site staff.

on-site child care centers (Houston, New York, Pittsburgh.) Most New Chance on-site child care centers employed one staff member for every four or five children.

For participants who did not or could not use the on-site facilities in Houston, New York, and Phoenix, New Chance staff provided referrrals to off-site child care providers. In all three sites, referrals were made to licensed facilities only; in Phoenix, licensed centers and homes reportedly provided developmental child care. Referrals to particular child care providers in Phoenix were made directly by program staff. Houston followed this practice as well. Staff in Houston and New York also put New Chance participants in touch with a local child care resource and referral agency, and this agency made referrals to specific providers.

Off-site child care was used exclusively in the Chicago-area and San Francisco sites. In these sites, New Chance staff provided referrals exclusively to licensed child care. At the Chicago-area site, program staff reported that licensed providers offered developmental care and that the program assisted over half the participants in placing their children in such optimal settings. In San Francisco, about half the participants placed their children in licensed child care.

Transporting a child to day care was an expense that New Chance participants could ill afford, and the programs provided assistance in this area as well. The Chicago-area site developed linkages with child care homes that provided transportation, picking up the children in the morning, and delivering them back to their homes at night. In other sites the program assisted participants with transportation expenses.

The child care needs of New Chance participants were assessed at program entry. Typically, staff told enrollees about subsidized child care, and asked for very specific information on how the participant planned to care for her child over the course of a full-time, demanding program. In some cases, the enrollee immediately opted for program provided day care, especially if on-site child care was available. Frequently, however, participants outlined rather vague child care plans which hinged on the availability and good will of relatives or friends. In such cases, staff emphasized the necessity of reliable, steady child care, and the desirability of developmentally oriented care. Often, the participant's initial resistance to the idea of placing her child with "strangers" was assuaged at this point, but a substantial minority insisted upon family child care. For the most part, the participant's preference for family care was accepted, but this decision was reviewed if the participant's attendance or performance began to suffer and child care problems were suspected as the reason.

New Chance staff monitored on-site child care through informal staff contacts in Houston, New York, Phoenix, and Pittsburgh. In informal meetings, staff discussed attendance problems, mother-child interactions, child health, miscellaneous crises, and other issues of mutual concern. There was direct monitoring of off-site child care only in those sites which depended entirely upon such facilities and did not work through a resource and referral agency.

The New Chance sites have overcome many of the major barriers to program participation posed by the child care needs and attitudes of young mothers by providing services such as on-site facilities, transportation, subsidies, and strong guidance. However, local program staff point out that if all participants are to take advantage of professional child care, a number of issues -- attitudinal, funding related, and programmatic -- need to be resolved.

For example, institution of program-wide developmental child care was constrained by the priorities of participants for whom convenience and expense were more important considerations than the developmental orientation of their child care providers. More generally, efforts to place children with any kind of licensed providers also had to overcome resistance to "leaving the baby with strangers." The programs' financial situation also had a negative influence on their ability to institute program-wide developmental child care. Developmental slots were too few and too expensive to serve the entire New Chance population, had all the participants agreed to them.

Programmatic gaps need to be addressed as well in the effort to institute program-wide child care. While the day-to-day child care needs of New Chance participants were addressed with much success by the sites, emergency child care was available only in the Chicago-area and San Francisco programs, and sick baby care was not generally available. Since crisis and illness are an inevitable part of the lives of these young families, such services may be considered essential.

An additional problem that sites faced was that program-related child care assistance had to be cut off at the very sensitive transition point when young women were moving out of the program and trying to find jobs. Houston had the only on-site center that could continue to offer child care to participants after they entered the follow-up phase of the program. Other sites offered on-site child care only during on-site program activities. Participants using off-site care subsidized through New Chance had, upon program graduation, to pay higher rates, or find cheaper (and generally unlicensed) child care, or obtain subsidies from other sources. This situation was all the more troubling because participants did not generally receive systematic training in how to select a child care home or center.

I. Placement and Follow-up Activities

The transition from a supportive, comprehensive program environment to employment, or further independent education and training, is a difficult period for participants. The demands upon a young mother's time, energy and finances increase as she adapts to an "outside world" in which her needs receive far less consideration than they did in the program environment. The New Chance model provides for help in finding a job or an advanced education or training program and for continuing counseling and support services for young mothers making the transition.

Since placement and follow-up services come at the end of the participants' New Chance career, sites had relatively little opportunity to develop, test out, and refine these services within the time limitations of the pilot phase. However, every site made some efforts to strengthen and expand placement and follow-up activities.

In two sites, in order to be eligible for placement and follow-up services, participants had to complete the local program sequence of activities (19 weeks of education and training in New York, completion of preemployment and GED in Houston). In the other sites, New Chance staff guided and encouraged young mothers to remain in program activities until they obtained a GED, and were either "job-ready" (i.e., completed enough vocational training for an entry-level placement in their chosen field) or demonstrated the desire and promise to enter post-secondary education. However, staff in these sites also assisted any participant who decided that she must begin looking for work.

Placement is the responsibility of job development staff, working in consultation with the participant's counselor/case manager and any other in-house New Chance staff. The resources at the job developer's disposal were well-developed in the Houston site, where the established network of work internship sites was tapped for job leads in that city's very limited labor market. In other sites, connections to potential employers were less formal, and job developers relied on informal networks, want ads, and word of mouth, in the effort to place participants and build up a direct relationship to employers. In the Chicago-area and Houston sites, the individualized efforts of job developers were supplemented by job clubs, in which New Chance alumnae got together to share job leads, practice job search skills, and provide moral support.

Follow-up support services were usually the domain of the New Chance counselor-case manager. Across sites, follow-up services generally included information and referral for support services and individual counseling. Usually, case managers called up the former participant at biweekly or monthly intervals. Continuing contact was maintained as long as the participant was at all receptive. New Chance alumnae were also invited to reunions and to group activities which might be of interest, such as special events featuring outside speakers. The requirements of funding sources also influence the duration of follow-up activity. For example, the New York site was required to report on the employment status of alumnae six months after program completion, in order to meet JTPA reporting requirements. This meant that New Chance graduates were periodically contacted for at least half a year after program completion.

* * *

The New Chance initiative succeeded in setting in place a comprehensive battery of program activities and support services for adolescent mothers in each of the six pilot sites. While implementation difficulties were experienced with one service or another, New Chance constituted a significant expansion and enrichment of the services these sites were able to offer young mothers. The pilot experience points to areas that require refinement and further experimentation, but the overall feasibility of the New Chance model was established across the sites.

IV. ENROLLEES' EXPERIENCES IN THE PROGRAM

The preceding chapter examined the structure and content of the services that the pilot sites made available to New Chance enrollees. This chapter focuses on the young women themselves and their use of these services. We first look at the extent of their participation in the program as a whole and in its specific components. We then present information on their length of stay in New Chance and reasons for leaving the program. Finally, we consider their experiences while enrolled and the degree to which their outcomes were consistent with program objectives.

To the extent possible, we present comparative data from other programs serving disadvantaged youth. This is complicated by several factors, however. First is the fact that many of these programs use different means to attain different ends than New Chance. (Many, for instance, are geared toward assistance with job search and immediate job placement.) Second, they enroll different clienteles; few programs, as noted in Chapter I, are specifically designed to meet the needs of young mothers. Finally, they do not necessarily report the same statistics, and these statistics are not necessarily calculated in the same way from one program to another. Because it offers both education and vocational skills training, the Job Corps offers the best comparison for our purposes, but a highly imperfect one nonetheless.

Finally, it is important to keep in mind the level of disadvantage of New Chance enrollees. This emerges even when New Chance participants are compared with other disadvantaged youth. For example, data are available on the characteristics on female high school dropouts under 22 years old who were served in 1986 by programs funded under Title IIA (the title emphasizing high school dropouts) of the Job Training Partnership Act. In comparison to the JTPA enrollees, New Chance participants were, as expected, far more likely to be single mothers. They were also more likely to belong to ethnic minorities and to receive public assistance. In view of New Chance participants' long-term barriers to employment, the generally positive direction of the performance data below is especially encouraging.

A. Participation in the Program as a Whole

In this section, we discuss the extent to which enrollees participated in pilot phase services. To do so, we look at the same young women whose characteristics were described in Chapter II -- those enrolled through April 1988 -- and examine their records during the period between March 1987 (when MDRC began to collect participation data) and April 1988 (the cut-off date for participation data for this report). Thus, in this section, participation is not tracked over a uniform time period for all individuals: some young women had been in the program for a very short time, while others had been enrolled for a year or more.

Table IV.1 shows that, across the sites, 95 percent of the young women enrolled in New Chance actually took part in program activities, and that on average, participants attended 69 percent of the days for which they were scheduled.[5] Slightly over a third of the participants attended 80 percent of the time or better and a similar proportion attended between 60

TABLE IV.1

PARTICIPATION AND ATTENDANCE RATES, BY SITE
(ENROLLEES THROUGH APRIL 1988)

Participation Indicator	Site Chicago-Area	Houston	New York	Phoenix	Pittsburgh	San Francisco	Total
Ever Participated (%)	94.6	94.1	96.0	100.0	96.0	89.8	94.7
Percentage Distribution of Individuals Attending Specified Percent of Scheduled Days							
0 - 20	0.0	0.0	4.2	0.0	2.2	6.0	2.6
21 - 40	5.7	6.4	6.3	6.7	13.3	14.0	9.2
41 - 60	17.1	19.4	23.0	6.6	22.2	18.0	18.4
61 - 80	20.0	38.7	43.8	33.3	28.9	40.0	34.7
81 - 100	57.1	35.5	23.0	53.3	33.3	22.0	35.2
Mean Attendance Rate (%)	76.8	69.2	65.4	77.6	68.5	62.9	69.2
Sample Size	37	34	50	34	50	59	264

and 79 percent of the time, while the remaining 30 percent had poorer attendance records. It is difficult to place these attendance figures in context, because a review of the information available from several other youth employment programs indicates that none of them collected attendance data. It is useful, however, to consider the comparative experiences of the pilot sites.

According to staff members, participants cited similar reasons for absenteeism at all sites. These included child care problems, conflicting appointments with welfare agencies or other personal business (sometimes including doing errands for their mothers), personal problems, and illness of the participants or their children. Unstable living conditions also precipitated absenteeism, and at any time, a number of teens were only a heated argument away from homelessness. It was especially hard for staff to maintain contact with teens who lacked a permanent address. Poverty could itself be a barrier to participation: New Chance participants, for instance, unlike more affluent women, did not have the money to pay babysitters when their regular childcare arrangements fell through, and only two sites had the capacity to provide emergency care.

In addition to these general reasons for absenteeism, there were also site-specific ones. For example, public transportation was poor in Houston, and teens' arrangements for rides with friends sometimes fell through. The Chicago-area program, which also covered a large catchment area, brought New Chance participants in a van to onsite activities, but not to offsite ones.

While staff members acknowledged that participants' problems were real, they also believed that personal habits impeded good attendance.

Many program enrollees, long out of school, had gotten used to going to bed late and sleeping late; some participants were frank in admitting to staff that they were absent or tardy because they had overslept. More generally, they were also unused to keeping to a schedule or planning for contingencies. For many enrollees, regular participation in New Chance entailed not only resolving immediate problems but reorienting their entire lifestyle.

Attendance rates varied by site, for reasons that can be explained only in part. Attendance at the Chicago-area site may have been facilitated by the sponsor agency van dispatched to pick up participants living in widely scattered parts of the agency's catchment area. Differing site practices with regard to the use of inactive status and of terminations may also help explain differences in reported attendance. In Phoenix, for instance, as discussed below, program staff established a policy of terminating frequent absentees. With the poor attenders gone, attendance was high among those who remained enrolled.

Attendance was poorest among enrollees at the San Francisco site. The statistics presented in Chapter II suggest that the young women at this site were exceptionally disadvantaged. Among the problems they faced were low average reading scores, unsupportive partners, and environments pervaded by drug use. Each of these could in itself have an adverse effect on participation. In addition, the enrollees' relative immaturity (43 percent were aged 17 at intake) made it all the more difficult for them to cope with these problems. It is notable, too, that San Francisco was the only site that failed either to offer onsite childcare or to condition receipt of childcare on regular attendance in program activities.

Staff at all sites recognized absenteeism as a problem and dealt with it in four main ways. First, in addition to the usual program activities, they planned ones that would particularly appeal to the young women, such as field trips, special lunches, birthday parties, and holiday celebrations.

Second, sites offered participants stipends and incentives. Most sites made payments, linked to attendance, that defrayed transportation costs and other expenses associated with participation. They also had many ways of rewarding good attendance and the achievement of major program milestones. Perhaps most important, staff were generous in their praise and compliments. Sometimes there were material incentives as well: participants received gifts for themselves or their children, ranging from inexpensive items (a bottle of nail polish or a cents-off certificate at a fast food establishment) to more costly ones (such as tickets for movies or sporting events, or a special lunch with program staff members). Whether the gifts were large or small, staff tried to select items the young women valued. Sometimes, too, there were awards ceremonies in which the young women received special certificates or commendations.

The most substantial incentive was offered by the Pittsburgh program, where successful completers were eligible to receive a Section 8 housing certificate allowing them access to better-quality housing at reduced rents. According to the Pittsburgh program director, this was the main reason many young women decided to enroll, although some later came to appreciate the other opportunities the program offered. On the other hand, others left the program when they came to realize that the Section 8 certificate was not an entitlement and that they would have to work hard to obtain it.

Third, staff members followed up as quickly as possible, often the same day, on participants who were absent. These calls reminded participants of their responsibilities, but they had other purposes as well: to find out whether there were problems that required staff attention and to let the young women know that they were cared about and missed.

Finally, site staff tried to articulate and enforce clear policies regarding attendance and absences. Attendance requirements evolved slowly, as program administrators and staff worked to find the proper balance between a nurturing approach to the problems of troubled young women and the need for attendance standards that would promote maximum individual progress. The general trend was toward increasing formality, clarity, and strictness in the formulation of these standards.

This was somewhat more easily accomplished at those sites where outside funders promulgated standards to which New Chance participants were expected to adhere. In Pittsburgh, for example, staff enforced a JTPA regulation that enrollees could not be absent more than 10 days each semester. In New York, JTPA required that participants attend 84 percent of the time (460 hours) in order to receive a certificate upon program completion; those attending between 70 and 83 percent received a letter instead. The site installed a time clock, and participants punched in and out at the start and close of each day. The New York site also tried to weed out poor attenders by establishing a two-week probation period at the beginning of each semester. Those who registered more than three absences during this period were not allowed in the program.

The Phoenix and Chicago-area sites also grappled with setting attendance standards, in both cases without reference to JTPA norms. Phoenix staff ultimately established a detailed set of rules and regulations governing all aspects of participants' behavior and their responsibilities in the program. Only two instances of unexcused absence or lateness were permitted every six months; the third such instance would bring on termination from the program. Determining when an absence should be excused was the responsibility of individual case managers. These new standards led to more rigorous enforcement of attendance standards and to terminations of frequent absentees for failure to meet program requirements. At the Chicago-area site, attendance standards were also tightened. New regulations stated that young women attending less than 75 percent of the time were to be placed in an inactive status until their case managers believed they were ready to return. (Previously, attendance rates of 50 percent had been accepted.) A one-month limit was also placed on the length of time a participant could remain on the inactive roster before being terminated, a move intended to spur her to resolve problems that stood in the way of full participation.

Attendance standards at the remaining sites were less clearly defined and/or less firmly enforced. Although those who consistently failed to attend were likely to be terminated eventually, this often happened only when the participants had been out so long that staff had lost contact with them. In such cases, termination was simply a formal acknowledgement of a de facto situation.

In general, the New Chance case managers viewed formal attendance standards as a valuable resource in their efforts to make participants understand their obligation to attend program activities regularly.

However, they did not feel compelled to go strictly "by the book" when faced with absences or tardiness and gave case-by-case consideration to the circumstances and explanations of individual offenders. Participants whose attendance fell short of the level formally required by program standards were not terminated until all other means of dealing with the situation had been exhausted. Case managers made repeated efforts to reach out to the young women to find out why they had been absent and to help resolve problems standing in the way of participation. In summary, while staff members thought that standards were important, they believed that counseling and support were critical to helping New Chance enrollees become self-confident, capable, responsible adults.

B. Participation in Specific Components

Our principal approach to examining participation in specific components is similar to the one adopted in the last section: we look at the extent of participation among all program entrants, however long they had been enrolled. We also supplement this when appropriate by looking at the participation records of individuals who had been enrolled for six months or longer.

The findings on participation in specific program activities are consistent with the picture drawn in Chapter III. They suggest that enrollees were most likely to participate in those activities which: 1) were best established, 2) received greatest emphasis, and 3) were scheduled to take place soon after program entry.

It is not surprising that, as Table IV.2 shows, more enrollees were

TABLE IV.2

SCHEDULED AND ACTUAL PARTICIPATION IN ACTIVITIES, BY SITE
(ENROLLEES THROUGH APRIL 1988)

Activity and Participation Indicator	Site						
	Chicago-Area	Houston	New York	Phoenix	Pittsburgh	San Francisco	Total
Education							
Ever Scheduled (%) [a]	78.4	91.2	98.0	100.0	96.0	89.8	92.4
Ever Participated (%)	81.1	91.2	96.0	100.0	96.0	89.8	92.4
Skills Training							
Ever Scheduled (%)	29.7	5.9	98.0	97.1	58.0		60.5
Ever Participated (%)	29.7	5.9	94.0	97.1	56.0	b	59.0
Work Internship							
Ever Scheduled (%)	21.6	52.9	36.0	20.6		22.0	29.9
Ever Participated (%)	21.6	52.9	32.0	20.6	b	22.0	29.0
World of Work/Career Exposure							
Ever Scheduled (%)	83.8	88.2	98.0	94.1	56.0	86.4	83.7
Ever Participated (%)	75.7	79.4	96.0	91.2	56.0	81.4	79.5
Health Education/Family Planning							
Ever Scheduled (%)	56.8	88.2	94.0	94.1	94.0	88.1	86.7
Ever Participated (%)	51.4	67.6	92.0	91.2	92.0	84.7	81.4
Parenting Education							
Ever Scheduled (%)	67.6	91.2	70.0	97.1	96.0	86.4	84.5
Ever Participated (%)	51.4	67.6	60.0	97.1	94.0	79.7	75.4
Sample Size	37	34	50	34	50	59	264

NOTES: [a] Enrollees sometimes participated in activities for which there was no record that they had bec scheduled.

[b] Accurate statistical information was not received for this activity. The "total" column represents the weighted averages for those sites for which accurate data were available.

scheduled for and attended educational activities than any other component. These activities were well developed at all sites, their importance was universally acknowledged, and they occurred early in the participants' program tenure.

For similar reasons, rates of scheduling for and participation in the world-of-work training and career exposure components, as well as in parenting education and health and family planning education, also tended to be quite high, although there were exceptions. In Pittsburgh, the agency providing world-of-work training did not come on board until July 1987; by that time, earlier groups of enrollees had completed the educational component and moved on to other activities. In the Chicago-area site, parenting education was offered under the auspices of the Parents PLUS program operated by the sponsor agency but delivered in the evening hours and away from the site. Staff members initially treated this component as optional, but later came to believe that it was important for everyone, and two-thirds of all participants were scheduled to attend parenting sessions. However, only slightly over half the young women actually did so. Staff reported that the participants disliked having to leave their homes in the evening to attend another workshop after spending several hours in onsite program activities. This points to the importance of arranging sessions at times and locations that will facilitate participation.

The Chicago-area site also lagged behind the others in the rates at which enrollees were scheduled for and participated in health education and family planning sessions. Staff at that site relied largely on an adolescent health clinic operated by the sponsor agency to provide New

Chance participants with family planning counseling, but fewer than half the young women received this or any other health care information. At the remaining sites, this component was implemented more strongly. Participants attended workshops on nutrition, substance abuse and AIDS, child ailments, and preventive care for themselves and their children.

While the large majority of enrollees attended sessions on parenting, health, and family planning, staff members faced challenges in overcoming participants' resistance to these topics. One major difficulty was that the young women often thought they already knew everything they needed to know; as one staff member explained, "kids are tired of hearing about sex, drugs, and babies." Participants were sometimes dubious of parenting advice that conflicted with their own mothers' practices, and protested at family planning presentations that they had "already heard all that stuff." Also, parenting education sessions were often scheduled at the end of the day, and therefore may have seemed more "skippable." In any event, the disparity between the proportions of young women scheduled for and actually attending the activity was greater for parenting education than for any other component.[6]

However, parenting, health, and family planning sessions presented in a hands-on, interactive style were more successful in breaking through the barriers of apathy and resistance. Participants reacted enthusiastically to health education activities which involved interaction and physical activity, rather than passive listening and abstract discussion. For example, staff at two sites reported that participants were excited about health sessions that included CPR training involving practice on mannequins.

Participation in skills training was highest at those sites where such training took place early in the program. New York is the chief example of a site where skills training was concurrent with the educational component, rather than following it, and almost all (94 percent) of the enrollees took part in this activity. In Phoenix, the 97 percent participation rate in skills training reflects the fact that all young women were assigned to a two-week typing course shortly after program entry. The purpose was not to direct enrollees into clerical occupations; instead, staff reasoned that whatever occupations New Chance participants ultimately entered, they could benefit from familiarity with a typewriter keyboard. However, many young women did continue on in the on-site clerical training course. In Pittsburgh, students could not enter skills training until they had acquired a GED diploma, but because the educational component was so compressed and intensive, the rate of participation in skills training was also relatively high (71 percent).

In contrast, many fewer young women participated in skills training at those sites where it followed an educational component of indefinite duration (the Chicago-area site, Houston, and San Francisco). In the Chicago-area site, 29 percent of the enrollees had reached this component by the end of their sixth month in the program. The MIS data on skills training in San Francisco do not appear to be accurate, but the MDRC liaison to the site reported that as of July 1988, only eight young women had ever participated in this activity.

In Houston, the negligible proportion of participants (5.9 percent) receiving skills training reflects not only the sequential nature of the program model but also several other factors. For one thing, the sponsor agency had established a formal relationship with only one training provider, the local community college; students wishing to enter other training institutions had to pay for the courses themselves, although the site helped them secure financial aid. Then, too, those young women who went on to the community college tended to take remedial academic courses rather than vocational ones (although sometimes the academic courses were needed to prepare or qualify them for the skills training). Although staff sought positions for participants in JTPA training programs, the young women rarely had the prerequisite skills. Finally, the participants were generally more interested in immediate employment -- and earning money -- than in entering training that might eventually lead to better-paid employment. For these reasons, staff members usually considered them ready for job placement after they had completed their work internships.

More enrollees participated in work internships in Houston than at any other site. As noted in the previous chapter, the work internship component in Houston was exceptionally well-developed, offering many possibilities for placement, and many New Chance participants were ready to undertake this activity soon after program entry.[7] Moreover, the work internship component was highly popular. It gave participants the opportunity to earn money (although at low wages), to develop skills, and to acquire work experience. Staff members believed that the experience motivated young women to look for jobs and to take job search seriously.

At the other sites, rates of participation in work internships were much lower, even for enrollees who had been in the program for several months. The work internship component was new for all these sites, and unlike Houston, they did not have a ready supply of jobs on which to draw.

Instead, they had to rely heavily on Summer Youth Employment Program positions and/or to develop work internships themselves, as well as to match participants with appropriate worksites. The pilot sites' experience suggests that these are complex tasks, and that considerable lead time is needed to accomplish them successfully. Moreover, although site staff believed that the work internships provided valuable, hands-on experience, they did not have guidelines about which participants should be assigned to this component nor when they should be considered ready. Accordingly, staff did not try to develop worksites for all enrollees. In New York, for example, work internships were used to reward those with near-perfect attendance, and in San Francisco, too, they were used as an incentive.

C. Program Termination

In this section, we look at the extent of departure from New Chance and the reasons for which participants left the program. Here and in the final section of this chapter, our timeframe changes. If we were to examine the records of all enrollees, no matter how recent, our picture of terminations and other outcomes would be incomplete. In these two sections, therefore, we look only at individuals who entered New Chance before November 1988, for whom at least six months of participation and outcome data are therefore available.

Table IV.3 shows that across the sites, 27 percent of all pre-November entrants had left the program within six months after entering it (or, in the case of New York, where the length of the program was only one semester, before completing it). About half these young women terminated

TABLE IV.3

TERMINATIONS WITHIN SIX MONTHS AFTER PROGRAM ENTRY, BY SITE
(ENROLLEES THROUGH OCTOBER 1987)

Termination Indicator	Site						
	Chicago-Area	Houston	New York	Phoenix	Pittsburgh	San Francisco	Total
Ever Terminated (%)	34.3	23.8	25.0	33.3	15.8	30.8	26.9
Reason for Termination, for Those Ever Terminated (%)							
Found A Job	25.0	0.0	12.5	0.0	0.0	0.0	8.0
Dissatisfied With Program	8.3	0.0	0.0	0.0	16.7	0.0	4.0
Moved From Area	16.7	0.0	12.5	14.3	0.0	16.7	12.0
Lost Contact	25.0	20.0	25.0	14.3	0.0	50.0	26.0
Parental Pressure	0.0	0.0	0.0	0.0	0.0	8.3	2.0
Partner Pressure	8.3	0.0	0.0	0.0	0.0	0.0	2.0
Failure to Meet Program Requirements	8.3	20.0	25.0	42.9	83.3	8.3	26.0
Pregnancy	0.0	0.0	0.0	28.6	0.0	8.3	6.0
Other	8.3	60.0	25.0	0.0	0.0	8.3	14.0
Terminated for Negative Reason, for Those Ever Terminated (%)[a]	50.0	40.0	50.0	85.7	100.0	75.0	66.0
Sample Size	35	21	32	21	38	39	186

NOTE: [a] Negative reasons for termination include: dissatisfaction with program, loss of contact, never active, parental pressure, partner pressure, failure to meet program requirements, and pregnancy.

within their first three months in the program, and half did so in the next three months.

As with attendance rates, it is hard to place these figures in context, because of differences in the program model and the length of treatment, the target group, and the way statistics are recorded. However, it is notable that in the Job Corps, which, like New Chance, offers an intensive mix of education and vocational training, the average length of stay for all participants was six months. In other words, on average, New Chance enrollees remained in the program longer than their Job Corps counterparts.

Two-thirds of all New Chance terminations were for negative reasons: they occurred because participants were dissatisfied with the program, failed to meet program requirements, bowed to pressure from parents or partners, experienced a new pregnancy, or lost contact with program staff. The reasons for termination varied by site, indicating differences both in participants' behavior and in administrative practice. For instance, as noted above, staff in the Phoenix program tried to make clear their seriousness of purpose by promptly terminating poor attenders for failure to meet program requirements. Terminations for failure to meet requirements in Pittsburgh had a different explanation -- the fact that many participants could not achieve their GED within the allotted time period. Across the sites, 38 percent of the terminations occurred because of loss of contact between staff and participant or because of a move out of the program's catchment area, a statistic reflecting the high degree of mobility of these young mothers.

While MDRC specified that sites could not enroll pregnant teens until after they had delivered (and would presumably be better prepared to participate both physically and psychologically), it allowed the local programs to develop their own policies with respect to terminating enrollees who became pregnant after entry. Two sites adopted an automatic termination policy. In New York, program staff feared that pregnant teens might sustain injuries working around power tools. Initially, the Phoenix site transferred teens who became pregnant to the agency's larger program for young mothers; then, fearing that they would set a bad example for their fellow participants, it decided to terminate them altogether. In Houston, teens were transferred to the larger program, in order to preserve the integrity of New Chance as a program for young women committed to delaying pregnancy. Staff at the other sites reasoned that young women should not lose the program's support at a time when they were especially likely to need it and discounted the view that retaining teens who became pregnant would encourage others to do the same. Instead, staff decided that pregnant participants should be allowed to participate for as long as they were able and willing to do so.

D. Other Outcomes of New Chance Participants

Table IV.4 shows what happened to participants within the first six months after program entry in four outcome areas: GED attainment, the occurrence of repeat pregnancies or repeat births, and completion of skills training. This information helps round out the picture of participant behavior presented in this chapter. However, it has certain limitations, both as to completeness and to the conclusions that should be drawn.

TABLE IV.4

PRELIMINARY OUTCOMES FOR ENROLLEES WITHIN SIX MONTHS AFTER PROGRAM ENTRY, BY SITE (ENROLLEES THROUGH OCTOBER 1987)

	Site						
Outcome Indicator	Chicago-Area	Houston	New York	Phoenix	Pittsburgh	San Francisco	Total
Received GED After Program Entry (%)[a]	28.6	19.0	17.4	22.2	71.1	5.9	30.3
Became Pregnant (%)	5.7	0.0	0.0	9.5	5.3	25.6	8.6
Gave Birth (%)	0.0	0.0	0.0	0.0	0.0	2.6	0.5
Sample Size	35	21	32	21	38	39	186

NOTES: [a]Percentages are based on the number of teens at each site without a high school diploma or GED at enrollment.

First, the six-month timeframe means that the data are from a relatively early point in the participants' program tenure. For instance, individuals who received their GEDs after the six-month mark are not included in the table.

Second, the data are also incomplete because they report only outcomes that came to the attention of program staff. Young women who went on to obtain a GED after leaving the program, or who did not inform staff members of a new pregnancy, would not be counted in the statistics.

Finally, these statistics should not be taken as evidence of the program's effectiveness in achieving its goals. To determine whether the program was effective or not, we would need a measure of what would have happened to the young women if they had not participated in New Chance.

As the last chapter indicated, most sites restructured and enriched their educational services to meet the needs of participants with sizable academic deficits. Table IV.4 shows that 30 percent of the young women received their GED within six months after program entry. While other participants were able to advance educationally, they started the program with such low reading and math scores that achieving a GED within six months was not feasible, especially since the GED classes usually occupied only ten hours a week.

Once again, it is difficult to find comparable data from other programs. Statistics from the Job Corps indicate that 30 percent of young mothers in the Job Corps had obtained a GED within one to six months after *leaving* the program, whereas New Chance data cover the six-month period after program *entry*, when three-quarters of all enrollees remained in the program. It might be presumed, therefore, that eventually, the rate of GED receipt in New Chance would considerably exceed the Job Corps figure. However, this comparison is further clouded by the fact that we do not know whether the young mothers in the Job Corps had children when they entered the program; the statistics record their parenting status only at the time of the follow-up interview.

It is notable that GED attainment was highest at the Pittsburgh site, which gave this activity great emphasis in its intensive, up-front component. It was lowest in San Francisco, where participants' reading scores were low and their absenteeism high. (In contrast, Phoenix participants also read poorly at enrollment but attended more regularly; their rates of GED receipt were correspondingly greater.) Although the educational component in New York incorporated materials related both to the vocational skills training in which enrollees were engaged and to black history and culture, it does not appear to have been particularly effective in preparing participants for the GED test.

At five of the six sites, few new pregnancies were reported, and no new births. It is noteworthy that no new pregnancies were reported in Houston, where, as noted earlier in this report, staff members tried to impart a message that New Chance was an "elite" program for participants committed to deferring further childbearing. This message seems to have come through loud and clear; asked by a visitor how New Chance differed from the larger program for teen parents operated by the same agency, teens replied that "we're hand-picked" and "you can't have kids in the program." One commented that having a baby would be a betrayal of program staff.

San Francisco was the prominent exception to this rule. There, 10 of the program's 39 enrollees -- 26 percent -- became pregnant within six months after entry. Again, this disturbing finding seems largely attributable to the exceptionally disadvantaged participant population at this site, where a relatively high percentage of enrollees lived with their partners, who were themselves frequently involved in using and selling drugs. It is also noteworthy, however, that only one of these pregnancies resulted in a live birth; eight young women terminated the pregnancy, and one had a miscarriage. According to the program director, participants' extensive use of abortion to resolve unwanted pregnancies is probably attributable to two factors: teens' relatively easy access to facilities performing this procedure, and its acceptability within their milieu.

Analysis of rates of entry into employment among New Chance graduates would be premature at this point. However, descriptive information on the kinds of positions obtained by 42 young women is available from four sites which reported on jobs obtained by program alumnae. (The Chicago-area, Houston, and Phoenix sites reported on job placements over the entire pilot phase. Placement data from New York are incomplete, covering only the months of July and August 1987.) Overall, New Chance alumnae appearing in these reports found full-time jobs, often but not always related to their vocational training, which paid salaries slightly above minimum wage. Most of the placements were clerical or service jobs except in New York, where most of the reported jobs were nontraditional and paid well above minimum wage. (However, due to the incomplete nature of this site's records, comparison of New York to other sites would be misleading.) Job placement data from the separate sites can be summarized as follows:

- The Chicago-area site reported that 19 New Chance enrollees obtained jobs; because some participants held two jobs at once, or moved from one job to another, a total of 22 placements were made in the program year. The average wage was $4.13 an hour. Clerical and retail sales were the fields where most New Chance alumnae found employment; in nine cases, these jobs were training-related, and in 13 cases they were not.

- Placement reports from Houston indicate that six New Chance alumnae were placed in unsubsidized jobs, two of them full-time and four part-time, paying an average of $3.64 an hour. These were typically occupations in the human service field, such as housekeeper of "care giver". None of the jobs were training-related.

- In Phoenix, ten program participants were reported to have been placed in jobs related to their clerical training; one found a job in light industry. On average they earned $4.80 an hour.

- The limited data from the New York site indicate that eight program alumnae found employment; seven of these jobs were in nontraditional, semi-skilled occupations such as train coach cleaner or maintenance worker. The average wage level of $7.27 was the highest of all the sites.

* * * * *

The success of the program over the long term in helping participants build their human capital, get jobs, and move toward self-sufficiency will be studied in the impact analysis to be conducted as an integral part of the full-scale demonstration. While awaiting conclusive impact data, it is possible to appreciate the significance of New Chance from a different perspective, by viewing the progress made by New Chance participants in the context of their troubled lives. For example, the accomplishments of one New York City New Chance graduate are considerable by any reckoning -- the young woman succeeded in obtaining a GED, a driver's license, and a job with the City of New York paying $18,000 a year. However, her achievement is even more impressive when one considers her background. This is the same young woman, described in Chapter II, who enrolled in five high schools and seven training programs before she found the support and services she needed to complete her education and obtain marketable training in New Chance. She continues to struggle with problems which New Chance could not address; when last contacted, she spoke of isolation and loneliness due to the envy of her welfare-dependent friends and expressed nostalgia for the warmth and supportive atmosphere of New Chance.

In contrast, the program record of a young woman from the Chicago-area site is less immediately impressive, but examination of the context reveals that, here too, great strides have been made. This young woman dropped out of the program but later returned and has been attending regularly. The background of this minor success is that, in the interval, this young woman lost custody of the last of her three children remaining in her care, because she was disabled by chronic depression. Child welfare authorities ordered her to attend parenting and education classes as a prerequisite for regaining her children, and she returned to New Chance. Once contact with the program was reestablished, she became the beneficiary of intensive involvement and support by her New Chance case manager, both during and after program hours. The young woman fought her way back to the measure of emotional stability necessary to participate regularly in parenting and education classes and became actively engaged in seeking out a nontraditional job training program which would pay her enough to support her family. She is now progressing determinedly toward the goals of reuniting with her children and supporting them through a career as a security officer.

V. REFLECTIONS AND CONCLUSIONS

Although New Chance built on preexisting programs, the pilot sites faced many challenges in implementing the program model. In a relatively short time, they had to arrange comprehensive services, some of which were completely new to their agencies, and to create an atmosphere that was both supportive and structured. They had to recruit participants, reinforce their motivation to make use of these services, and monitor their attendance and performance. They had both to respond to the crises that frequently beset the young mothers and maintain program routines. They had to ensure funding stability as well.

In meeting these challenges, the pilot sites recorded significant accomplishments. In particular, the sites were highly successful in bringing together a broad array of services on behalf of a highly disadvantaged population. New Chance unites two orientations that have traditionally been associated with different kinds of services and personnel: preparation for employment, and the fostering of psychosocial growth. Conventional youth employment programs pay relatively little attention to personal development; conventional programs for teen mothers stress parenting skills and try to build self-esteem but are less concerned with helping participants enter the labor force. New Chance appears to have successfully bridged this gap. Moreover, New Chance, unlike many youth employment programs, takes a developmental approach to movement into the economic mainstream, emphasizing the acquisition of academic, vocational, and other skills to build human capital rather than simply quick job placement.

Interviews with program staff members indicate that, despite the effort involved, they unanimously endorse the concept of comprehensive services as necessary to respond to participants' varied needs, and they have worked hard to put the concept into practice. As noted in Chapter III, all the sites have been able to deliver the full set of services prescribed in the New Chance model.

In this regard, it is worth noting that while comprehensiveness has always been intrinsic to the New Chance model, MDRC staff's own understanding and appreciation of a multiservice approach has deepened during the pilot phase. Early documents described education and employment as central to the model, characterizing other components as "ancillary" or "supportive." With time, however, has come increased recognition that services such as counseling and life management training may be equally critical to operational success, and an increased emphasis on incorporating activities that build enrollees' self-awareness, self-esteem, and sense of personal efficacy into all New Chance components. For one thing, program operators have repeatedly noted that enrollees' personal problems often sap their energy and motivation and must be addressed if the young women are to be regular, committed participants. For another, participants themselves have stated that while they are first drawn to youth employment programs by the opportunity to acquire a GED or vocational skills, they remain enrolled because they feel that staff members know, accept, and care about them as people, not just as students, and that they are valued and appreciated by their fellow participants as well.[8]

This is another way in which the pilot sites have been successful: they have created an atmosphere marked by warmth, caring, understanding, and mutual respect. In interviews, participants repeatedly described the program as "like a family." One factor that appears to contribute to this feeling of closeness is the program's small scale, which allows for low case manager-participant ratios and greater frequency of contact, both formal and informal.

It also appears that many participants have responded positively to the program's goals and messages. The performance indicators presented in the last chapter cannot be taken as measures of program effectiveness, as was cautioned earlier. But the statistics currently available do suggest that New Chance can be strongly implemented within a relatively short time.

Like all new programs, New Chance was in transition through much of the pilot phase. As staff put the program into place, they adapted broad guidelines to fit local circumstances, experimenting with the structure of program activities in an effort to take advantage of local resources and to find activities and people that would meet enrollees' needs. They struggled to establish appropriate policies and workable procedures. There is much to be gained by examining the problems the pilot sites have confronted, their efforts to resolve them, and the lessons they have learned. Such an examination is especially instructive in suggesting issues that MDRC will address as it moves forward to a multisite, long-term national demonstration. Building on the evidence of program feasibility presented in this report, this demonstration will rigorously test the effectiveness of the New Chance model in helping young mothers achieve self-sufficiency.

The first lesson is that making services available is only the first step; they must be made available in exciting, creative ways that increase the likelihood that program participants will perceive them as valuable and useful in addressing their needs. In particular, many staff members have noted that the young women respond passively to sessions in which information is presented through lectures. They do better when they put knowledge into practice through role-playing and other "hands-on" activities and when they have input into program design and instructional method. Participants responded well, for example, to a parenting education session in which a nurse-practitioner asked them to tell her what topics related to child health they wanted to know more about (rather than simply telling them what she thought they needed to know), and to a session on AIDS in which the instructor asked them to brainstorm about ways to encourage their partners to use condoms. It takes experience, as well as a certain amount of both time and imagination, to design activities likely to capture participants' interest. To the extent possible, MDRC will make available to demonstration sites curricula and other materials describing these activities.

A second lesson is that services seem to be more effective when they are integrated. "Service integration" can have many meanings and take many forms, some of which the pilot sites carried out more fully than others. As prescribed by the program model, most services, with the exception of work experience and vocational skills training, have been colocated -- that is, delivered at the same site. This seems to be important to participation, as suggested by the counter-example of the Chicago-area site's experience with parenting education. As noted earlier, that component was conducted after hours and away from the program site, resulting in participation rates considerably below the average for that activity.

In most places, too, successful staff integration has taken place. Staff members talk frequently, both in formal case conferences and in informal conversations that are facilitated by the small staff size. This has helped ensure that staff members know both about each others' activities and about the changing situations of program participants.

Services can also be integrated through a carryover of contents or approach. For instance, employability development workshops can be a vehicle for teaching reading and writing skills, and participants can learn decision-making skills in workshops on budgeting. The pilot phase sites received little guidance on how to provide mutually reinforcing activities and did not do so consistently. Observation suggests that when they did, services were especially effective, and that this is an area where additional training would be worthwhile.

Finally, services can be integrated through an overall philosophy. During the pilot phase, the New York site was guided by an explicit ethos of feminism and empowerment that permeated many program activities, and to a lesser extent, the Pittsburgh site's intergenerational emphasis fulfilled the same function. Because such a philosophy evolves over time and is a development internal to each site, it is virtually impossible to replicate. Nonetheless, it can serve as a powerful integrative tool.

A third general lesson is that intensive staff training and technical assistance are called for in several areas. One of these is family planning. MDRC observers reported that staff members at several sites remained uncomfortable talking about sexuality and contraception, especially in individual counseling sessions. Their reluctance to discuss such personal matters made it hard to ensure that participants were using family planning regularly and effectively. While program directors and counselors received limited instruction in this area at MDRC-sponsored conferences, more needs to be done. In particular, program staff members may need to explore some of their own values and assumptions in order to better understand the attitudes and behavior of participants.

To some extent, staff attitudes may also have hindered the development of services to men, which were limited at most sites. Although staff members recognized that participants' boyfriends critically influenced their actions and endorsed outreach to male partners for this reason, they tended to regard the men with mistrust and skepticism. Other factors also impeded wider implementation of services for men: resources for this purpose were few; male partners who were employed often weren't interested in services or couldn't participate during normal program hours; and some participants didn't have a steady partner or didn't want him involved in the program. The Pittsburgh site, which achieved the best record in serving men, had separate funding for this activity and hired a male counselor to conduct outreach, lead workshops, and make referrals to educational and employment opportunities. It appears that a thorough-going commitment -- both philosophical and financial -- is essential if programs are to succeed in outreach to young fathers.

In addition, staff could do more to increase participants' receptivity to training in well-paying occupations that are nontraditional for women. A pattern that emerged among many New Chance enrollees (except at the New York site, which recruited only young women interested in those fields) is that they combined low academic skills with a preference for traditional female occupations. As one New Chance coordinator observed, most participants "still want to be secretaries or nurses." These are fields in which entry-level wages generally do not meet household needs and advancement to better-paying positions is tied to competence in reading, writing, and computation -- not the strong suit of many New Chance participants. Nonetheless, site staff have tended to go along with participants' choices rather than propose alternatives. For one thing, it takes a good deal of time to develop interesting career exposure activities, especially in areas with which staff members are themselves unfamiliar. Some observers have also speculated that staff members' own discomfort with the notion of women in nontraditional roles (when they themselves are social workers and teachers) has impeded their ability to press more forcefully in this area. Technical assistance could assist site staff in devising ways of helping young mothers expand their occupational horizons and shed conventional notions about jobs that are appropriate for women.

A fourth lesson is that techniques for maintaining a sense of forward momentum should be built in the program model. This proved a challenge to the pilot sites from the standpoints both of planning activities and of sustaining high motivation. MDRC will require that sites participating in the full demonstration place enrollees in work experience or skills training by their fifth month of participation.

As noted above, rates of participation in job internships were lower than in any other component: Only about a quarter of all participants held such internships during their program tenure. This was not because staff questioned the value of this component: On the contrary, they believed that it was especially valuable for young women who were progressing slowly through the educational component, and who needed greater variety in their program activities. But work experience was hard to implement. It was new for most sites, and lining up worksites required considerable time and effort. Placements in work internships were also low because staff lacked clear guidelines about when students should be considered ready for this activity. The new policy to be adopted during the demonstration should clarify this question and emphasize the importance of the work experience component.

With respect to the transition to skills training, the problems are knottier. Some of the difficulties have been structural. For instance, most training institutions begin classes only at the beginning of a semester, and New Chance participants who were ready for these classes months earlier had to wait to enroll. Other problems have had to do with the interests and capacities of the young women themselves. Staff members report that it is hard to maintain the interest of some participants with poor skills, for whom the period of educational preparation needed before they can enter skills training may seem interminable. Conversely, staff note that some enrollees have wanted to leave the program after acquiring their GEDs, skipping the vocational training component entirely. Sometimes this is because their primary interest is in the GED certificate, sometimes it is prompted by economic necessity and the need to earn money.

This raises questions about whether education and skills training should be offered sequentially (as the model essentially prescribed) or concurrently (as at the New York and Phoenix sites). A sequential model may make sense because many skills training programs will only accept students who already have a GED or who otherwise show reasonably high levels of academic competency; most New Chance participants require educational remediation before they can enter these programs. On the other hand, as might be predicted, sites that adhered most closely to a sequential model -- that is, required participants to have completed their GEDs before entering skills training -- generally showed lower than average rates of entry into this activity. The Pittsburgh site is one exception: it offered a highly concentrated five-week GED preparation course, and then moved graduates into skills training. The drawback associated with this approach was that students who could not pass the GED within the allotted time, regardless of their skill level at entry, were no longer eligible for JTPA support of their training or support service costs and had to be dropped from the program. The concurrent model adopted in New York and Phoenix appeared to work well, but the fact that skills training was offered in-house, making it easy to coordinate participation in education, training, and the other New Chance activities, raises questions about whether the experience of these sites can be generalized.

Thus, the pilot phase offers no definitive answers about whether the concurrent or sequential model is preferable. It does suggest tradeoffs. If a concurrent model is adopted, sites will have to struggle to find training programs that are willing to accept students with low skills and that have schedules flexible enough to accommodate participation in other New Chance activities. If a sequential model is employed, the range of training options will be wider (assuming that solid relations with training providers can be established), but sites will have to work hard to maintain participants' motivation through what may be a lengthy educational component. The Pittsburgh site's "fast-track" approach to education may offer a reasonable compromise, but only if there is a "second track" available for participants who cannot complete their GED within the time allowed.

A fifth lesson is that sites need to set policies with regard to attendance and lateness early on. The pilot sites wrestled with these issues throughout the pilot phase; by the end of the period, policies and procedures were more specifically defined and more rigorously enforced than at its beginning, although it is not clear that attendance improved as a result. Over the pilot phase as a whole, participants attended about 70 percent of the days they were scheduled.

The pilot site experience suggests that in establishing these policies, staff members need to reconcile two sometimes competing needs: structure and flexibility. Pilot site staff wanted to impress on participants the importance of regular attendance and to inculcate a sense of responsibility. At the same time, however, they recognized that participants typically faced serious problems in their personal lives that often led to demoralization and loss of motivation. As an extreme but not uncommon example, participants were left homeless after fights with family members or partners and it was difficult for them to remain in contact with program staff. While staff members were concerned with enforcing standards, they were even more concerned with helping the young women. As a result, they were unwilling to give up on participants or muster them out of the program until they had exhausted every means of securing compliance.

The overall lesson is not that rules are useless; indeed, they are probably essential for helping participants know what is expected of them.

But it is also reasonable to expect that staff will exercise discretion in their administration. And this is probably justified. Program directors and counselors can cite instances of participants whose early performance was poor but who "shaped up" over time and became model participants.

A sixth lesson is that stipends and incentives are important to many, although not all, participants. The former enable young women to participate in the first place by covering the cost of transportation and other expenses; the latter should reward good effort as well as performance. Incentives are most effective if they are ongoing, consistent, and meaningful to participants. In New York, for example, the participants with the best attendance were rewarded with driving lessons; in Pittsburgh, program graduates were eligible for Section 8 housing certificates, thereby enabling them to procure good housing at a cost they could afford.

Seventh, childcare has also been a critical program service. Of course, it is impossible to know how the teens would have fared if the programs had not assisted with childcare arrangements -- and four of the six sites provided this service directly. Staff members assert, however, that participants valued this component highly. In this regard, it should be remembered that a substantial minority of participants were no longer living with their mothers, and could not automatically turn to them as caretakers. (In addition, some of the participants' mothers were working or had other children to tend.)

While on-site care may not be essential, it is certainly helpful. The participants appreciated its convenience and knew and trusted the childcare providers. Moreover, most programs offering on-site care emphasized activities promoting the children's cognitive and socioemotional development, rather than simply tending to their physical needs. During the pilot phase, there were few efforts to use the childcare centers as "learning labs" for parenting skills. This is another area in which better coordination of program components could yield fruitful results.

An eighth and final lesson of the pilot phase is that optimum program development requires time for thought and planning, and this time is only available if sites have stable and adequate funding. Only the Chicago-area site was financially secure throughout the pilot phase. The other sites faced fiscal problems of varying intensity. At best, as in New York and Pittsburgh, these problems were short-lived; they temporarily diverted directors' energies to resolving disputes with funding agencies but otherwise did not seriously affect program operations. At worst, as in Houston and San Francisco, they resulted in drastic cutbacks in program activities and eventually threatened to close the programs altogether. In between, the Phoenix site faced a chronic shortage of resources. In the face of these difficulties, the achievements of the New Chance sites in mounting a complex program to assist one of the most disadvantaged segments of the population are especially noteworthy.

One way to help ensure stable funding is to enable the local New Chance sites to draw on the resources of mainstream public agencies, since agencies responsible for health, welfare, education, social services, and job training all have an interest in serving young, disadvantaged families. MDRC will incorporate this strategy in the full demonstration. Participating states and sites will be selected through a competitive process, and the willingness of state governments to make a financial commitment to the New Chance sponsors will be an important criterion in evaluating state proposals to join the demonstration. This commitment should promote operational stability during the demonstration. It should also pave the way for eventual replication and institutionalization of the program model should the impact analysis reveal that the program has positive effects on the lives of young mothers and their children.

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APPENDIX C

Aunt Martha's Youth Service Center - Park Forest, Illinois

Aunt Martha's Youth Service Center is a 15-year-old community-based organization that provides comprehensive services to young people and their families living in suburban towns in Cook and Will Counties south of Chicago. Late in 1986, it became a participating site in the New Chance pilot. Since its inception as a counseling center, Aunt Martha's has expanded to offer education, employment and health services as well as an emergency shelter, legal assistance and youth participation activities. Special facilities include an adolescent health clinic and a Head Start program.

The suburban/rural areas that the center serves, pose a challenge to operating New Chance. Public transportation services are poor, and the towns in which New Chance participants typically reside have in recent years experienced a net outmigration of employers and jobs.

Aunt Martha's experience in serving adolescent mothers in its parenting classes and clinic and long history of providing employment and counseling services to young people provided the foundation for New Chance. While many of the services called for in the New Chance model were already in place in some form, they were not necessarily structured to meet the need of young mothers and were offered through separate administrative units with different locations and schedules. In addition to integrating existing services available through the agency's employment, health and counseling units, new activities were developed for New Chance. Notable among these were enriched and expanded educational activites, and on-site skills training.

When enrollees first enter New Chance at Aunt Martha's, they participate in a one-or two-day orientation that includes an overview of services and program expectations, motivational activities and introductory employability development classes. If child care arrangements are needed, a suitable placement is developed with one of the several centers or family care providers with which Aunt Martha's maintains contracts for slots. Following the orientation, enrollees enter on-going classes held Monday through Thursday, from 9:30 a.m. to 2:30 p.m.

The education class, held in the morning, features individualized, competency-based computer assisted instruction supplemented by group discussion to facilitate development of oral communication skills.

Afternoons are devoted to workshops that cover career exploration, employability development, family planning, health education and group counseling sessions, which cover such topics as development of interpersonal and decision-making skills and assertiveness training. While parenting classes for New Chance enrollees are currently provided off-site during the evening through Project PLUS, the health unit's parenting program, there are plans to hold similar classes on site during the day.

Following receipt of the high school equivalency diploma, and/or development of sufficient competency in educational, interpersonal and work maturity skills, participants may enroll in skills training courses offered at local institutions such as the Advanced Technical Training Center (ATTC), in an associates degree or certificate program at local community colleges, or in Aunt Martha's on-site clerical training course.

After completing vocational training, participants join job search training groups led by the agency's job developer. Helping those who complete New Chance find training-related jobs that are near their homes or accessible by public transportation is a a major challenge for program staff.

Aunt Martha's faced challenges in involving participants in parenting classes, and in providing intensive family planning instruction, which the staff worked to address throughout the pilot period.

Urban Affairs Corporation - Houston, TX.

The Houston New Chance pilot site is sponsored by the Urban Affairs Corporation (UAC), a non-profit, community-based, multi-service organization that has served Houston residents since 1972. In June 1987, UAC's training and employment program for pregnant and parenting teen mothers, Training and Education for Adolescent Mothers (known as Project T.E.A.M.), implemented the New Chance model. In addition to this program, UAC operates three state-funded day care centers, a school-based primary prevention program for young adolescent boys (aged 11 - 14), a senior citizens multi-purpose center, and a health clinic which provides no-cost medical, educational, psychological and social services to disadvantaged adolescents and their children. The clinic, co-located with the teen parent program, works in conjunction with the Houston Independent School District and serves nine area schools.

In Houston, New Chance operates as part of the larger Project T.E.A.M. program. Project T.E.A.M. began operations in April 1985. T.E.A.M. provides education, employment, health and support services to 250 pregnant and parenting adolescents. At the time that the New Chance pilot began, Project T.E.A.M. was already operating all of the core components of the New Chance model except vocational skills training.

The current weakness of the Houston labor market offers very limited opportunities for young mothers with few skills. The Texas economy has been significantly damaged by the fall in oil prices in the mid-1980's. Consequently, Houston has been experiencing large numbers of lay-offs, bank failures and the flight of many people leaving in search of employment.

UAC is located in the poorest section of the City of Houston, the Fifth Ward. The majority of New Chance participants live in this primarily black area where over 85% of the inhabitants have incomes below the poverty level.

Although New Chance participants are simultaneously enrolled in New Chance and Project T.E.A.M. and receive most services jointly with T.E.A.M. participants, staff have tried to distinguish New Chance as an "elite" component within the larger program and give it a unique identity and specialness. Additionally, several concrete factors differentiate New Chance from Project T.E.A.M.. First, the New Chance counselor has a smaller caseload and does not have ongoing responsibilities for teaching classes or overseeing program components. Second, New Chance participants meet in a peer group session biweekly. Finally, participants can earn special incentive rewards for good attendance and performance in addition to those incorporated in the T.E.A.M. program.

The first New Chance cycle began in June 1987. Young mothers typically start their participation in New Chance by attending GED preparation classes in the morning and employability development training in the afternoon, during which world-of-work workshops are interspersed with sessions on parenting and family planning. After completion of the employability development sequence, education becomes the central activity until the participant passes the GED test. Career exploration activities, health education, additional parenting instruction and job search activities continue to be offered periodically through special afternoon sessions which involve outside speakers and occasional field trips and in the biweekly group meeting of New Chance participants. Once an individual has obtained her high school equivalency diploma, she moves on to a 10 week paid internship. (Prior to January 1988, participants could get a part-time work experience position while they were still preparing for the GED test.) In addition to participating in work experience offered directly by the program, the vast majority of T.E.A.M. and New Chance enrollees participate in the JTPA Summer Youth Employment Program. Project T.E.A.M. has funds available to cover the cost of one or two courses at the Houston Community College (HCC) for any interested participants.

Work experience and the employability development classes are the most popular and regularly attended components of the T.E.A.M./New Chance program. This appears to stem from the fact that T.E.A.M. began as a employability development program, and these activities pay a stipend.

While the importance of obtaining vocational skills training has been emphasized by T.E.A.M. and New Chance staff, few of the young mothers have participated in training programs. Although it was initially anticipated that most participants would enroll in vocational skills training classes at HCC, the few New Chance participants who have attended have taken academic-type courses. Some of the courses, however, are remediation classes that the participants need to take before they can enroll in a certificate program.

Expanding Options for Teen Mothers - Brooklyn, New York.

Expanding Options For Teen Mothers began in July 1984 in the Division of Continuing Education of New York City Technical College. The program was founded to meet the needs of mothers ages 17 to 21 who receive public assistance, have an interest in non-traditional occupations for women, and who want vocational training and academic instruction. The unique aspect of the program is its focus on preparing young women for careers in the the building trades. These areas were chosen because they offer young women the chance to earn salaries substantially higher than those earned by women in the traditional female sector of the labor force. The program helps participants to recognize and overcome both internal and external barriers to employment in predominantly male workplaces.

While Expanding Options recruits from the City's five boroughs, the majority of the applicants reside in Brooklyn, Manhattan and the Bronx with most of them living in Bushwick, Fort Greene, and the Bedford- Stuyvesant sections of Brooklyn.

Expanding Options entered the New Chance pilot with a strong and intensive set of services. Participants received 200 hours of instruction in reading, writing and mathematics and 260 hours of instruction in vocational training in the skills of on-traditional trades with an emphasis on carpentry, plumbing, electrical work and general building and maintenance skills; job readiness skills; individual and group counseling; family planning; developmental childcare; job development and placement assistance; health education and services.

Expanding Options' comprehensive approach was modified and improved for New Chance. A work internship component was developed to provide participants with training-related work experience during the program. Collaboration with the NYC Department of Health was expanded to include a parenting program, AIDS and substance abuse prevention training, and additional health education. In addition, a male, Hispanic counselor was added through a linkage with the Puerto Rican Family Institute, in the effort to improve outreach to the Hispanic community, to encourage greater enrollment of Hispanic women in the program, and as a preliminary step in the development of a capacity to meet the needs of male partners of the participants.

Starting in February 1987, Expanding Options involved New Chance participants in a full and varied program, which was five months in duration -- the only New Chance site operating under such time limitations. Basic education and vocational skills training were scheduled concurrently, along with the employment-related and health and family development activities essential to the New Chance model.

The major challenges which continue to face Expanding Options are to raise GED attainment level of its participants, which continues to be low, and to extend services to young women who are still in need of program support and assistance after the five-month program cycle.

Chicanos Por La Causa - Phoenix, AZ.

Chicanos Por La Causa (CPLC) is a non-profit, community-based organization providing social services and economic development activities to disadvantaged Hispanic and other minority populations located in the southwestern section of Phoenix. Established in 1969, CPLC now offers a wide range of social services including counseling, education, skills training, emergency housing for battered women, and through its Via de Amistad Program, comprehensive services to pregnant and parenting teens 14 years of age and older.

CPLC's New Chance program benefits from the organization's long experience in serving young mothers. Via de Amistad began operating in 1980 as one of the sites in MDRC's Project Redirection demonstration for young mothers 14 to 17 years old. In addition to group counseling sessions provided specifically for New Chance, New Chances enrollees attend Via de Amistad's on-site classes in basic academic skills and GED preparation, family planning, parenting and employability development and use Via's on-site child care facility.

Due to delays in notification of grant approvals, CPLC's New Chance program was the last of the six pilot programs to get underway, beginning in September, 1987. While most New Chance services called for in the model were in place at the agency, implementing the model required focusing on an older group of teen mothers and emphasizing more in-depth, long-term parenting, career exploration, life management and decision-making skills and health related activities. In implementing New Chance, Via de Amistad also expanded its capacity to provide sustained individual counseling and follow- up. Caseload size is closely monitored to maintain this capacity.

Upon enrolling in New Chance, the young mothers attend a one-day orientation session where the available services, including on-site child care are explained and the mutual expectations for participants and the program are established. Enrollees then enter the education class which features individualized, competency based instruction in pre-GED or GED level sequences. Concurrently, they begin a series of three two-week-long classes, attended only by new enrollees in Via and New Chance. These focus on employability development, parenting and family planning, and typing.

The series of two-week classes are generally conducted in a format that emphasizes group discussion and are held for two to three hours each morning. For new enrollees, afternoons are devoted to the education classes.

In addition to the above described classes, on-going one-hour discussion groups are scheduled on a twice-weekly basis. These sessions, which were developed specifically for New Chance enrollees, cover career exploration, which is emphasized less in Via de Amistad than in New Chance, and supplement the parenting, family planning and life skills instruction provided to both New Chance and Via participants during the first six weeks of program enrollment.

Following completion of the series of two-week classes, New Chance participants enter skills training classes either on-site at Via or at other training facilities in the community. Participants entering skill training class at Via may enter the course prior to attaining their educational goals; these enrollees continue the education class concurrently with skills training. Those targeting off-site training courses are encouraged to delay entering until after the GED or other educational goals, as well as life skills competencies, are achieved. Concurrent participation on classes at Via and elsewhere in the community is usually difficult.

Participants who are uncertain about career choices may be placed in short-term unpaid work internships, primarily within CPLC's various departments and offices, to allow them to experience working in occupational areas that are of interest.

Those who select clerical occupations enter Via de Amistad's on-site training class which offers instruction in typing, general office procedures, word processing, bookkeeping, and ten-key applications. Participants choosing other occupational areas, such as bank teller, have entered the Maricopa Skills Training Center. Increasing participants' receptiveness to a broad range of career options has also been difficult to achieve. The majority of participants have chosen to enter the on-site clerical skills training class.

CPLC staff have been exceptionally successful in creating a warm supportive program environment. Counseling, in both group and individual settings, is one of the program's strengths. The program has been less successful in helping participants to be consistent contraceptors.

Pittsburgh in Partnership with Parents - Pittsburgh, PA.

The Pittsburgh in Partnership With Parents program (PPP) began in 1985 as a collaborative community effort relying on local foundations, existing agencies and resources, and special funding from a state JTPA Pregnant and Parenting Youth Initiative to operate a comprehensive training and education program for adolescent mothers. PPP joined the New Chance pilot in 1986. The Hill House Association, a multi-service, United Way funded community-based organization with a long history of service to the city's Hill District, is the lead operational agency of the PPP and the site for the delivery of all New Chance services except skills training and recreation.

Over the past thirty years, the Hill District has experienced considerable population loss with a concurrent decline in its retail and commercial base. Despite numerous efforts to remove physical blight, improve the infrastructure, build and rehabilitate housing; physical deterioration continued, the population declined, and unemployment continued. In 1986, a task force of the United Way of Allegheny County released a report entitled Adolescent Pregnancy and Parenting in Allegheny County which dramatically illustrated the extent of the problem and cited the Hill District as one of seven "high risk" wards in the city.

Academic instruction is provided by instructors from the Allegheny County Community College Homewood-Brushton branch, vocational training is available through linkages with the Connelley Skill Learning Center and several other training agencies in the city. The University of Pittsburgh's Institute for the Black Family provides general oversight of the on-site and two off-site child care centers, and staff training in the delivery of the Values-Based Curriculum. The YWCA provides recreational services and driver's education and housing certificates through the federal Section of Existing Housing Programs, provided through the Housing Authority and City Planning Department. Hill House also has an on-site health facility operated by Mercy Hospital and plans to expand the current on-site capability through linkage with Magee Women's Hospital in the fall of 1988.

PPP participants begin with a two-week orientation and motivation session designed to build group ethos and commitment to the program. This is followed by academic instruction, life management training, employability development activities, recreational activities, life planning, socialization, and counseling. Upon the attainment of their high school equivalency diploma, participants enter into a vocational program of their choice. Work experience is provided through the Summer Youth Employment Program.

While PPP began as a comprehensive program, several services were added or strengthened during the New Chance pilot phase. An outreach and community relations specialist was hired to strengthen and develop additional linkages with other service providers as well as to strengthen recruitment. An additional case manager was added to improve attendance and participation rates and better address the multiple needs of the clients. A career specialist was added to staff, to design and administer the employability development component and facilitate the placement of participants into work experience, skills training classes, and jobs. AIDS and substance abuse prevention training were also added. And staff are exploring ways to refine and adapt the educational component to meet the needs of more educationally disadvantaged young women who may not be ready for GED preparation, or high school diploma holders possessing low academic skills for whom instruction in the GED test areas is not appropriate.

San Francisco Renaissance, San Francisco, CA.

San Francisco Renaissance started in 1979 as a volunteer group of people in business, labor and law who saw inner-city unemployment as the central social issue. It began operations as a training and job creation program in 1982. Building on its experience employing and training inner-city youths and, its awareness of its feminization of poverty, Renaissance in 1986 created Parents of Success (POS), a training initiative for young mothers on AFDC, 17-24 years of age. The area served by this program is notable not only for its poverty but for its serious drug traffic which poses a threat to the security and the resolve of local participants.

POS was enriched and strengthened in a number of ways in order to implement New Chance. The orientation was lengthened to two weeks, and basic education classes were extended from two to four days a week. Classes were added in health, family planning, AIDS and substance abuse awareness, parenting and life management. The counseling and case management service available for New Chance participants were enhanced through a linkage agreement with the Teenage Pregnancy and Parenting Program (TAPP), which provide off-site counseling to approximately half the participants, as well as assigning a male counselor to the program site. Linkages were arranged to provide opportunities for skills training at local community colleges, adult schools and elsewhere. POS also arranged short term work internships with one adult school and five employers.

POS began its first New Chance cycle in March 1987. Participants spent their mornings in educational activities, and their afternoons either in employment-related classes, or in classes related to health and personal development. Work internships were available to participants in working on their GEDs, and skills training was offered for those who passed the test.

The first cycle of participants had perhaps the lowest educational skills of all the New Chance pilot sites. Participants were more likely to be living with the father of their youngest child and have had a longer than average history of living in a household in which some member receives AFDC. Several have had their children removed from their care by child protective services and there have been a few brushes with the law. POS also has been plagued by the highest number of repeat pregnancies, although all but a very few were terminated.

Concomitant with the problems of individual POS participants have been the difficulties of the parent organization. POS has operated on the smallest budget of any of the New Chance pilot sites, impacting staffing. There is a staff of five, only two of whom are full time. In addition, two-thirds of the way through the pilot, a major review of the organization was undertaken, resulting in the decision to focus on the entrepreneurship center and to spin off all other projects. Recently, applications are being received from other agencies interested in housing POS.

In spite of these problems, the program has many strengths. The project director has an entreprenuerial spirit, quickly addresses problems and is adept at locating free and in-kind services. Counseling has been enhanced with the addition of a minority male serving as a full time counselor as well as a positive male role model. The message on repeat pregnancies in now communicated in a forceful manner, through the doubling of weekly family planning class hours.

FOOTNOTES

FOOTNOTES

[1] In its Demonstration of State Work/Welfare Initiatives, MDRC examined the feasibility and effectiveness of 11 state programs aimed at reducing welfare receipt through employment. However, most of these programs did not require mothers with children younger than six years of age to participate. MDRC is also planning to study the feasibility of mandatory education ("learnfare") programs for welfare recipients. In addition, the Office of Family Assistance within the U.S. Department of Health and Human Services is sponsoring a three-site social experiment testing the effects of mandating participation in education or work-related activities for first-time teenage mothers receiving AFDC.

[2] New Chance could be implemented within a mandatory setting, however. For example, in states where participation in education and/or work-related activities is required of women with young children, New Chance could be one among several options for this target group.

[3] A five-year follow-up study of Project Redirection enrollees shows that the program had substantial impacts in three critical areas: employment, welfare receipt, and parenting. The percentage of experimentals who worked at all during the five years after program entry was significantly greater than for members of a matched comparison group. The weekly earnings of experimentals at follow-up were also higher, and experimentals were significantly less likely to be receiving AFDC. These effects were especially pronounced for young women who received AFDC at baseline. Finally, the children of experimentals registered higher vocabulary scores and fewer behavioral problems, and the home environment of the experimentals was rated as significantly more conducive to child development.

The program was not a panacea, however. It had no lasting effect on participants' educational achievement or on their rate of subsequent pregnancy. Moreover, most of the young women and their children remained quite disadvantaged.

The Project Redirection model and research results are discussed in a recent MDRC monograph (Polit et al., 1988).

[4] In fact, only the sites practicing group intake and orientation could strictly maintain a standard sequence of activities. Sites which took in participants individually made an effort to arrange new enrollees' program experience in the order represented in Figure III.1 but often had to delay scheduling certain group activities until they had a "critical mass" of relatively new participants.

[5] The data presented in Table IV.1 have some limitations. On one hand, actual participation rates at the Chicago-area site in particular, and to a lesser extent for all sites, were probably somewhat higher than

those shown in the table, because no information on early program participation was available for 17 of the site's 37 registrants. These were young women who enrolled prior to March 1987, when collection of participation data began. Of these 17, four enrolled in February and were therefore missing one month of data, and another four were missing two months; the data shortfalls of the 1986 enrollees were more substantial.

On the other hand, there is also reason to believe that participation rates may be overstated. Some sites did not submit the names of enrollees until it was clear that these young women had actually participated. Had sites submitted the names of all program enrollees, including those who turned out to be no-shows, participation rates would have been somewhat lower.

[6] It is interesting to note that in Project Redirection, an earlier MDRC demonstration for teenage mothers 17 and under, parenting education was the component participants most enjoyed and valued. One possible explanation for this disparity is that New Chance participants were older, and more experienced as parents: While only 8 percent of the Redirection enrollees had more than one child upon program entry (and 56 percent were pregnant for the first time), a quarter of the New Chance participants had a second or higher-order birth.

[7] It should be noted that the Houston site subsequently modified the entry criteria, limiting participation in the work internship to those who already had a high school diploma or GED. This was done for two reasons: 1) some participants attended their part-time jobs but skipped the education classes; and 2) staff hoped to use work internships to motivate and reward educational attainment.

[8] In October 1987, MDRC organized a conference on youth employment at the Spring Hill Conference Center in Wayzata, Minnesota. Along with researchers, policymakers, and program operators, delegates from the New Chance sites and from JOBSTART, another MDRC demonstration for high school dropouts, attended the conference and were active workshop participants. The importance of caring program staff was a recurrent theme of the youth delegates' comments and presentations. See Report on the Conference on Youth Employment Initiatives, October 25-27, 1987. New York: Manpower Demonstration Research Corporation, 1988.

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